

BRACEBRIDGE SOCCER CLUB 2018 OUTDOOR SEASON – YOUTH PLAYER REGISTRATION FORM

PLAYER'S PERSONAL INFORMATION

Year of Birth: _____

Full Name: _____
Last
First
Initial(s)

Address: _____
Street Address
Apartment/Unit #

_____ *Town*
Province
Postal Code
OSA Registrant #

Home Phone: () _____ Alternate Phone: () _____

Gender: (Circle) Male Female E-mail Address: _____

Birth Date: D/ M/ Y/ _____ Proof of Birthdate: Birth Certificate Player Book Other: _____

Parent/Guardian: P/G 1 _____ P/G 2: _____

Does the player have a health problem that could interfere with participation in the program Yes No

If yes, please provide details: _____

** Note: E-mail is an important and primary means of sharing information about our soccer programs with our members. By joining this soccer program, the registrant is a club member and agrees to receive e-mail correspondence from the club.*

PLAYER REGISTRATION *

Youth Community Recreational Youth Representative	Early Bird March 10, 2018	Regular Rate After March 10, 2018	Fees Paid
Timbits (U4 – U6) 1 Night a Week Program	\$80.00	\$100.00	
Recreational U8 – U16: May and June	\$100.00	\$120.00	
U8 Club Development: May to August	\$120.00	\$140.00	
REP Development (U9-U12) & Recreational (U13-U18)	\$275.00	\$300.00	
REP Competitive (U13-U18)	\$325.00	\$350.00	
Muskoka FC (U15 Girls only)	\$350.00	\$375.00	
TOTAL REGISTRATION PAID			

VOLUNTEER - Please Check All Interested: Coach Convenor Field Maintenance Special Events

Note: Refunds are only available in very limited circumstances. If a registrant withdraws with a written request for refund before March 30th (youth representative team program) or April 15th (community recreational program) – 50% of fee paid less a \$15 administration fee. If a registrant withdraws after those dates – no refund. In the event of circumstances that prevent a registrant from participating in soccer after the season has started, registrants may apply in writing to the Bracebridge Soccer Club for a refund of fees paid on compassionate grounds, to be decided on a case-by-case basis.

PLAYING HISTORY

ATTENTION: The "PLAYING HISTORY" section MUST be completed – Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer activities for one year.

Has the player **ever** registered to play soccer in another country? ___ Yes ___ No Has the player ever registered in another province in Canada? ___ Yes ___ No

If Yes to either question, please answer the following questions:

- a) In which country (other than Canada) did the player **last** register? _____
- b) With which Club did the player **last** register in another country? _____
- c) In which year did the player **last** register in another country? _____
- d) In which province has the player ever registered in? _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, Ontario Soccer, Huronia District Soccer Association, and Bracebridge Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communications from Ontario Soccer, District Association, League and Club.

I understand that I may withdraw consent to collection, use or disclosure of my or my child/ward's personal information at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to: **Attention of the OSA Privacy Officer, Ontario Soccer, 7601 Martin Grove Road, Vaughan ON L4L 9E4.**

We do not sell or distribute your personal information to any other third party not listed herein.

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer, District Association and Club/Academy, I, the participant, agree as follows:

1. I understand that I cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in Ontario Soccer's computerized registration system.
2. I have read and understand the waiver attached and my signature affixed hereto indicates my agreement with such waiver.
3. I am aware of Ontario Soccer, District Association and Club/Academy's and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
4. I accept sole responsibility for my personal possessions and athletic equipment and accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.
5. I grant permission to the Organization to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape and to use this material to promote the sport of soccer and the Organizations through the media of newsletters, websites, television, film, radio, print and/or other form. I understand I waive any claim to remuneration for use of audio/visual materials used for these purposes.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Registrant's Signature or Parent/Legal Guardian if under 18

Date

PAYMENT METHOD (Please circle) CASH CHEQUE

Registration Received By: _____

Total Amount Paid :\$ _____

Date _____

Please make cheques payable to Bracebridge Soccer

ONTARIO SOCCER AND BRACEBRIDGE SOCCER CLUB
PARTICIPANT'S AGREEMENT
FOR PLAYERS UNDER 18 YRS OF AGE

Name of Participant: _____ **Age (Under 18)** _____ **Date of Birth** _____

ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS

I participate in the game of soccer because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to this activity. The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dryland training including weights, running and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes
- Injuries from collisions with walls and soccer equipment
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment
- Spinal cord injuries which may render me permanently paralyzed
- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts
- Injuries from exerting and stretching various muscle groups; and
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in soccer can be severe;
- That I may experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs. If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Ontario Soccer, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and representative.

INSURANCE

Executing this agreement may not preclude you from insurance coverage.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Signature of Participant (if over 13)

Signature of Parent/Guardian

Date

Revised February, 2018