

Circle Position: Coach; Asst Coach; Referee; Executive; Committee Chair

CONTACT INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *Province* *Postal Code*

Home Phone: () _____ Business Phone: () _____

Cell Phone: () _____ E-mail Address: _____

PERSONAL INFORMATION

Birth Date: _____ OSA Registrant # _____ Gender: _____

DETAILS

Club Name: **Blue Mountains Soccer Club** Type: **Youth Outdoor Recreational Soccer**

League Name: **Lakeshore Soccer League or
 Inter-County Soccer League or
 Blue Mountains Soccer Club (circle)** Age Group &
 Gender: _____

Team and/or Executive, Committee title: _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, Ontario Soccer Association, South-West Regional Soccer Association, Lakeshore Soccer League, Inter-County Soccer League and Blue Mountains Soccer Club; to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, District Association, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to: **Attention: OSA Privacy Officer, Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4.** The Privacy Officer will advise the implications of such withdrawal.

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 membership in the Canadian Soccer Association, Ontario Soccer Association, District Association and Club, I, the participant agree as follows:

1. I understand that I cannot participate (as a team official) in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in The Ontario Soccer Association's computerized registration system.
2. I have reviewed the waiver attached and my signature affixed hereto indicates my agreement with such waiver
3. I am aware of The Ontario Soccer Association, District Association, and Club (listed above) 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 possessions and athletic equipment.
5. I accept all liability for any damage to the coaching equipment caused by me or my careless, negligent and/or improper handling.

By signing and dating below you agree that you are the team official being registered and to be bound by this Legal Agreement even if you have not read this agreement.

 Signature of Volunteer

 Date

 Signature of Parent/Guardian (if Volunteer is under 18)

 Date

For use by CLUB EXECUTIVE

SIGNATURE _____

Date _____

For use by District Association

SIGNATURE _____

Date _____

ONTARIO SOCCER ASSOCIATION

WAIVER AND RELEASE OF LIABILITY

By signing this form you give up important legal rights. Please read carefully!

1. This is a binding legal agreement. As a Participant in the programs, activities and events of the Ontario Soccer Association, their District Associations, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.
2. The Ontario Soccer Association, their District Associations, Leagues and Clubs, directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.
3. In consideration of my participation as a Participant in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards of soccer include, but are not limited to injuries from:
 - Executing strenuous and demanding physical techniques in soccer;
 - Dryland training including weights, running, and massage;
 - Grass, turf and other surfaces including bacterial infections and rashes;
 - Falls to the ground due to uneven or irregular terrain or surfaces;
 - Collisions with walls and soccer equipment;
 - 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;
 - Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - Vigorous physical exertion and strenuous cardiovascular workouts;
 - 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.
4. Furthermore, I am aware:
 - That injuries sustained in soccer can be severe;
 - That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - That I may experience anxiety while challenging myself during the activities;
 - That my risk of injury is reduced if I follow all rules adopted during training; and
 - That my risk of injury increases as I become fatigued.
5. In consideration of the Organization allowing me to participate as a Participant, I agree:
 - a) To assume all risks arising out of, associated with or related to my participation;
 - b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
 - c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Accident Insurance

Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Ontario Soccer Association’s insurance policy.

By signing and dating below you agree that you are the volunteer being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Name of Volunteer

Signature of Volunteer

_____, 201_____
Date

Parent/Guardian
(if Volunteer is under 18)

Signature of Volunteer

_____, 201_____
Date