



# H.E.A.D.S.

## Hillsburgh Erin and District Soccer Club 2010

Affiliated with the South West Region Soccer Association (SWRSA) of the Ontario Soccer Association (OSA) Reg. No. - CD 0440

### Senior Player Registration 2010 ~ +18 years

Indoor

Outdoor

H.E.A.D.S.  
P.O. Box 865  
Erin, Ontario N0B 1T0  
519-855-4431  
www.headsoccer.ca

Please PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male  Female

Street Number & Name \_\_\_\_\_ OSA Reg No. \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Date of Birth (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_ New Player \_\_\_\_\_ Cell/Work Phone ( ) \_\_\_\_\_  
INDICATE YES IF APPLICABLE

Parent Name(s) \_\_\_\_\_ Division \_\_\_\_\_ Email \_\_\_\_\_

Playing History

**ATTENTION: This Section MUST be completed** - Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.

Has the player **EVER** registered to play soccer in another **Country**? If Yes, answer the following questions: YES

a) In which country (other than Canada) did the player last register? \_\_\_\_\_ NO

b) With which Club did the player last register in another country? \_\_\_\_\_

c) In which year did the player last register in another country? \_\_\_\_\_

Club Information

**MEDICAL ALERT** Are there any special medical conditions the Club should be made aware of?  
Please ensure that your coach is made aware of **any** medical conditions regarding your participation in soccer.

If there is a tournament team in your age group (Under 10 and older), do you wish to participate? YES  NO

Additional fees will apply..... YES  NO

Are you available to be requested for call-ups to a higher Division as required?..... YES  NO

If you will BE AWAY for more than **2 weeks** of soccer, please indicate number of weeks.....

**PARENTS:** HEADS is run entirely by Parent Volunteers, and its success depends on your willingness to participate.  
Please indicate your preference below: Coaches require a separate form. (available on Web site or at Player Registration)

Name(s) (Please PRINT): \_\_\_\_\_ Coach/Assistant

Sponsor  Convenor  Gala Day  Fundraising  General Assistance  Field Maintenance  Referee

### CONSENT FOR USE OF PERSONAL INFORMATION

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

I understand that I may withdraw such consent related to receiving communications at any time by contacting the **OSA Privacy Officer by mail to: Attention of the OSA Privacy Officer, The Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4 or at OSAPrivacyOfficer@soccer.on.ca**. 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 Ontario Soccer Association, District Association and Club, 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 The Ontario Soccer Association's computerized registration system.
2. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of The Ontario Soccer Association, S.W.R.S.A., H.E.A.D.S Soccer Club 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.
5. I accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.
6. Interference, harassment, or other intimidating behaviour, whether verbal or physical, toward any player, coach or official, will not be tolerated.
7. Any parent, guardian or spectator who fails to conduct themselves in an appropriate manner may, at the discretion of the Club Executive, be prohibited from attendance at any or all games or practices.

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

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Participant (age 18 or over) Print Name of Participant Date

**Refunds are subject to \$10.00 administration fee. There will be a \$25.00 fee on all NSF cheques. No Refunds will be given after June 15, 2010.**

<b>For Use by Club Registrar</b>		New Player <input type="checkbox"/>	Verification of Birth Date	Birth Certificate	Player Book	Other
Payment \$ _____	Cheque <input type="checkbox"/> Cash <input type="checkbox"/>					
Discount \$ _____	Total Fee Paid \$ _____	Play Up Division	Registrar's Signature		Date	

**Note: Club must retain a copy of the player registration form and, if requested, must submit form to SWRSA or the Ontario Soccer Association upon request.**



# ONTARIO SOCCER ASSOCIATION WAIVER AND RELEASE OF LIABILITY

To be signed by participants 18 yrs of age and older

**By signing this form you give up important legal rights. PLEASE READ CAREFULLY!**

This is a binding legal agreement. As a Participant in the programs, activities and events of the Ontario Soccer Association, Districts, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.

### Disclaimer

The Ontario Soccer Association, Districts, Leagues and Clubs, their directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives (the "Organization") 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.

### Description of Risks

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 soccer. The risks and hazards of soccer 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 resulting from falls to the ground due to uneven or irregular terrain or surfaces;
- 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 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.

### Release of Liability

In consideration of the Organization allowing me to participate, I agree:

- To assume all risks arising out of, associated with or related to my participation;
- To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- 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.

### Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

X \_\_\_\_\_  
Signature of Participant (age 18 or over)

X \_\_\_\_\_  
Print Name of Participant

X \_\_\_\_\_  
Date

OSA Document Revised Dec 12-06

**Annual General Meeting  
Friday October 23, 2009 @ 7PM Center 2000**