



H.E.A.D.S Hillsburgh Erin and District Soccer Club 2011

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

Youth Player Registration 2011 ~ less than 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 Coach should be made aware of ?
Please ensure that your coach is made aware of **any** medical conditions regarding your child's 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 or my child/ward's membership in the Ontario Soccer Association, District Association and Club, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:

1. I understand that I or my child/ward 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 or my child/ward's personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by me or my child/ward's 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 (If aged 18 and over) Signature of Parent/Guardian (If under 18) 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, 2011.

For Use by Club Registrar

| | | | | | | | |
|-------------------|---------------------------------|-------------------------------|-------------------------------------|----------------------------|-------------------|-------------|-------|
| Payment \$ _____ | Cheque <input type="checkbox"/> | Cash <input type="checkbox"/> | New Player <input type="checkbox"/> | Verification of Birth Date | Birth Certificate | Player Book | Other |
| 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 PARTICIPATION AGREEMENT

FOR THOSE UNDER 18 YRS

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: _____ Age _____ Date of Birth _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of The Ontario Soccer Association, I ASSURE TO YOU THAT:

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of The Ontario Soccer Association.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but are not limited to injuries from:
 - a. Executing strenuous and demanding physical techniques in soccer;
 - b. Dryland training including weights, running and massage;
 - c. Grass, turf and other surfaces including bacterial infections and rashes;
 - d. Falls to the ground due to uneven or irregular terrain or surfaces;
 - e. Collisions with walls and soccer equipment;
 - f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - g. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - h. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - i. Vigorous physical exertion and strenuous cardiovascular workouts;
 - j. Exerting and stretching various muscle groups; and
 - k. 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 my child/ward may:
 - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if he/she follows all rules established for participation; and
 - e. Risk of injury increases as he/she become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
8. If something happens to my child/ward, I **release** the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand "Organizers" to mean: The Ontario Soccer Association, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

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. **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.

X _____
Printed Name of Parent or Guardian

X _____
Signature of Parent or Guardian (If under 18)

X _____
Date

OSA Document Revised Dec 11-06

Annual General Meeting
Friday October 22, 2010 @ 7PM Center 2000 Wellington Room