



**KINSMEN MINOR SOCCER ASSOCIATION PLAYER
2012 Outdoor Season**



RECEIPT # _____

Division _____

Name (first, last): _____

Sex: **M** **F** Date of Birth: Circle Month (J F M A M J J A S O N D) Day _____: Year: _____

Address: _____

City: _____ Postal Code: _____ Home Phone #: _____

Province: _____ Medical Problems/Allergies: _____

Email Address: _____

Position: Forward: _____, Defence _____, Full-time Goalie _____, Occasional Goalie _____

Years of Soccer Experience _____ Highest Level Played: Blazers: Coyotes Last year played _____

Cost: Registration \$80 Late Registration \$100
3rd + child \$40

**CHEQUE TO BE MADE PAYABLE TO
Seaway Valley Soccer Club**

**Refunds: Prior to Start of Season (fee-\$25): Prior to end of 2nd Week 50%. After 2nd week \$0-
All requests to the registrar for refunds must be in writing (or email).**

All N.S.F. Cheques will result in an additional \$25.00 charge.

Club Registration Number: **CD-0731** Player Classification: MR(2001-2008)[] or YR(2000 and older) []

NEW PLAYER: []

Club last registered with: _KMSA()_ Country Last registered _Canada ()_ Year last registered: _____

Has the player ever registered to play soccer in a country other than Canada? Yes[] No []

If yes, complete the following: Which country _____, Which club _____, What year _____

Any person who provides false information or withholds any of required information shall be suspended from all soccer activities for one year

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 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, (*insert name of your District Association*), (*insert name of your 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.

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

Robert McDonald

CLUB REGISTRAR SIGNATURE:

PARENT'S SIGNATURE: _____ Date: _____

ONTARIO SOCCER ASSOCIATION

Participant's Agreement

Name of Participant: _____ Age _____

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 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 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: 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.

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Ontario Soccer Association, (*Eastern Ontario District Soccer Association*), and (*Kinsmen Minor Soccer Association*) to collect and use personal information about me or my child/ward for the purpose of receiving communications from the Ontario Soccer Association, 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, The Ontario Soccer Association, 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**

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.

Name of Participant

Signature of Parent/Guardian

Date



Signature of Club Registrar