

Chatsworth Bognor Youth Soccer Club (CBYSC) - PLAYER REGISTRATION 2017 (SWRSA - approved)
Make Cheques Payable to: CBYSC

FEE:	CHEQUE _____ CASH _____	OUTDOOR RECREATIONAL
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Name:	LAST	FIRST	INITIAL
Address:	STREET NUMBER AND NAME		POSTAL CODE
Phone:	HOME:	DATE OF BIRTH	YEAR MONTH DAY
	CELL/WORK:		
EMAIL:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

TEAM INFORMATION

Club Registration #: CD 04 B1	Club Name: Chatsworth Bognor Youth Soccer Club
Player Classification (Please check): Can Play U8 travel and House League	
AGE GROUP: <input type="checkbox"/> U6 <input type="checkbox"/> U8 <input type="checkbox"/> U8 Travel <input type="checkbox"/> U10 <input type="checkbox"/> U12 Boys <input type="checkbox"/> U12 Girls <input type="checkbox"/> U15 Boys <input type="checkbox"/> U15 Girls <input type="checkbox"/> U18 Boys <input type="checkbox"/> U18 Girls	

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 Association activities for one year.

Has the player **EVER** registered to play soccer in another country? Yes NO

If Yes, 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? _____

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 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 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:

- 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.
- I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
- I am aware of The Ontario Soccer Association, Southwest Region Soccer Association, Chatsworth Bognor Youth Soccer Club, The Lakeshore Soccer League and The Inter-County Soccer League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
- I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
- 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.

Signature of Participant (If aged 18 and over) _____ Signature of Parent/Guardian (If under 18) _____ Date _____

For Use by Club Registrar				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.
Verification of Birth Date	Birth Certificate	Player Book	Other	
Registrar's Signature				Date

Parents: Please Help Us – We Need your Assistance

I can help in the following areas: Name _____ Phone _____

Coaching Referee Fundraising Sponsor Executive Member Field Maintenance

Other _____

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. Dry land 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.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date