

Strathroy – Caradoc Adult House League Registration Form

PERSONAL INFORMATION									
Full Name:									
	First			Last				M.I.	
Address:									
	Street Ac	ddress						Apartment/Unit #	
	City						Province	Postal Code	
Home Phone:	()		Alter	nate Phone:	()		
Fax Number:	Valid E-mail:								
Birth Date:			Proof of Birth	date:	Birth Certificat	e 🗌 Old	Card Other	Sex:	
OHIP Numbers are optional to collect and an optional field for this form									
				PLAYING HIS					
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.									
				-	in Ontario 300	.cci /\;330	ociation activitie	3 for one year.	
Years of Playing Soccer? Highest Level Played?									
Preferred Position (Please Circle) Forward Midfield Defense Keeper									
Kit Size (Note Shirt Size will match Short Size) XXL XL L M S									
			CONSENT FOR	USE OF PERSO	ONAL INFORM	MATION			
I authorize the Strathroy – Caradoc Minor Soccer Association to collect and use personal information about me for the purpose of receiving communications									
from the SMSA Adult House League. I understand that I may withdraw consent to collection, use or disclosure of my personal information at any time by contacting the Strathroy – Caradoc Minor									
Soccer Association Registrar at strathroy-carabox Or by mail to: Attention of the SMSA Registrar, The Strathroy – Caradoc Minor Soccer Association, p.o. box 147, strathroy, ontario n7g 3j1									
We do not sell or distribute your personal information to any other third party not listed herein. ACCEPTANCE OF TERMS AND CONDITIONS									
In consideration follows:	of the ac	cceptance of	my membership in th	ne Strathroy – Ca	aradoc Minor So	occer Ass	ociation, I, the pa	rticipant and agree as	
1. I understand that I cannot play in any SMSA Adult House League soccer game until after this registration form has been validated and									
the registration data has been entered in The SMSA Database. 2. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such									
waiver/par	ticipation	agreement	•		-				
 I am aware of The Strathroy – Caradoc Minor Soccer Association 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 personal possessions and athletic equipment.									
5. I accept all liability for any damage to the playing equipment caused by me 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.									
Print Name of P	articipant		Signa	ature of Participa	ant		Date		



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 Strathroy – Caradoc Minor Soccer Association, the undersigned acknowledges and agrees to the following terms.

Disclaimer

The Strathroy – Caradoc Minor Soccer Association, 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 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;
- linjuries 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; and
- Injuries from exerting and stretching various muscle groups.

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:

- 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.

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.

Print Name of Participant	Signature of Participant	Date