



strathroy-caradoc minor soccer PLAYER REGISTRATION FORM

1. PLAYER INFORMATION

Mandatory wallet-size, COLOUR PHOTO is attached? Yes / No

First Name _____ Last Name _____

Street Address _____ Date of Birth _____
MONTH DAY YEAR

City/Town _____ Province _____ Current Age _____

Postal Code _____ Home Phone _____ Gender Male ___ Female ___

E-Mail Address _____

Father's Name _____ Cell Number _____

Mother's Name _____ Cell Number _____

2. PROOF OF AGE

A photocopy of PLAYERS BIRTH CERTIFICATE or passport is attached? Yes / No

3. CONSENT FOR EMERGENCY MEDICAL TREATMENT

Please note any health restrictions which may affect your child: _____

CONSENT TO EMERGENCY MEDICAL TREATMENT (MINOR) As a Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or wellbeing of my dependent.

Parent/Guardian (please print) _____ Signature _____

4. VOLUNTEER PARTICIPATION

Strathroy-Caradoc Minor Soccer Association is a volunteer organization and solely through the efforts of its volunteers and is dedicated to providing a quality opportunity to participate in the exciting game of soccer. Please do not hesitate to volunteer because of lack of knowledge or experience; clinics are held to train volunteers. A Parent Meeting will be held for teams without a volunteer coach. All potential coaching staff must complete a Coaching Application and a Volunteer Consent to Disclosure Form, and forward to SMSA's Head Coach for consideration.

Parent Volunteer Name (please print) _____

___ Coach ___ Assistant Coach ___ Sponsor ___ Convenor ___ Equipment ___ Tournament Volunteer

5. PARENT/GUARDIAN RELEASE - PLEASE READ CAREFULLY

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Strathroy- Caradoc Minor Soccer Association (SMSA) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for SMSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify SMSA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs.

Name (please print) _____ Signature _____

FOR OFFICE USE ONLY

PLEASE MAKE ALL CHEQUES PAYABLE TO **STRATHROY-CARADOC MINOR SOCCER ASSOCIATION**
A LATE REGISTRATION FEE WILL APPLY TO REGISTRATIONS RECEIVED AFTER FEBRUARY 1st, 2014

METHOD OF PAYMENT: CASH _____ CHEQUE # _____ POSTDATED CHEQUE # _____

SUBSIDY _____

PARTICIPANT'S AGREEMENT

(To be used for players under the age of 18)

Name of Participant: _____

Age (if under 18) _____

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 participant's, including the possibility of accidental and unexpected contact;
- That my risk 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 Western Counties Soccer Association and its' directors and employees, all member Leagues and Clubs, their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and their representatives.

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. By signing this form you give up important legal rights. Please read carefully!

Printed Name of Participant

Signature of Participant (if over the age of 13)

Printed Name of Parent of Guardian

Signature of Parent or Guardian

Date