

P.O. Box 742 Orillia, Ont. L3V 6K7

www.ramarasoccerclub.ca

2018 HOUSE LEAGUE REGISTRATION FORM

Contacts: Jana 705-484-1035; Sandra 705-689-2240; Sue 705-326-3611; Suzy 705-327-1468

		Date of Bi	rth	/	1
				Month	
Name of Participant:		Male			i cui
Address.					
Address: Postal Code:	Dhono #		· · · · · · · · · · · · · · · · · · ·		
Perents/Cuendians nome					
Parents/Guardians name:					
Email:	How m	any years have y	ou played		
Do you want sionings of same	c age group to be on the sam	ic icam. Ics			
Other requests to be made a	t the time of registration - n	o guarantees. Ba	lancing tea	ams will	be priority.
OUR CLUB RELIES ON V Coach, Assist Coach_	OLUNTEERS (\$10.00 disco	ount for coaching	g) Would y	y ou be w i	illing to:
Coach, Assist Coach_	, Referee, Field M	Iaintenance	_, Other		
	Consent for Use of				
I authorize the Ontario Soccer As					
about me or my child/ward for th	e purpose of receiving communi	cations from the Or	ntario Soccei	· Associati	on, Huronia District Soccer
Association, League and Club.					
I understand I may withdraw con					
contacting the OSA Privacy offic			to: Attention	of the OS	A Privacy Officer, The
Ontario Soccer Association, 760					
*We do not sell or distribute you					
		erms and Conditio		1 (1) 1	
In consideration of the acceptance of parent/guardian (if participant is und			ict Associatio	n and Club	, I, the participant and
1. I understand that I or my child/wa	rd cannot play in any sanctioned soc	cer game until after th	nie registration	n form has l	been validated and the
registration data has been entered in				1 101111 1145 1	seen vandated and the
2. I have reviewed the waiver/partici	pant agreement attached and my sig	nature affixed hereto i	indicates my a	agreement v	with such waiver/participation
agreement.				0	
3. I am aware of The Ontario Soccer		er Association, Ramar	a Soccer Club	and Leagu	e bylaws, policies, rules and
regulations and agree to abide by the		· 1.41.4	. ,		
4. I accept sole responsibility for my5. I accept all liability for any damag				a aligant or	d/or impropor handling
I acknowledge that I have read this r					
PLEASE TAKE NOTE:	gistration agreement in its entirety a		eu uns regisu	ation agree	ment voruntarity.
	voors old in 2018				
Children must be turning 4					
Shin pads must be worn. Cl					
TIMBITS Fee \$80.00 (2013]					
HOUSE LEAGUE Fee <u>\$100</u>					
Family fee reduction for 3 of					
NSF charges will apply for r	eturned cheques. Refunds w	vill be given, less	\$20.00 adr	ninistrat	ion fee.
Signatura		Datad			
Signature:		Dateu:			
FOR OFFICE USE ONLY:	Plaver's OSA#				
Paid by: CashCheque	Other Interac Email T		5		
Received by:	Discount Rece	eipt			
Charles I for minding informer 4	on used at a farmer	D'-41	-1		···· I)

Checked for missing information on registration form_____ Birth certificate checked (new players only) ____



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 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 representative.

INSURANCE

Executing this agreement may not preclude you from insurance coverage.

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 (If over the age of 13)	Signature of Parent/Guardian	Date
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