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 Birth// | | | |
|--|---------------------------|--------------------------------|------------------------------------|----------|
| | | | Month Year | |
| Name of Participant: | Male | Female | | |
| Address: | | | | |
| Address:Postal Code:Phone # | | | | |
| Parents/Guardians name: | | | | |
| Email: | | | | |
| Email: Health Concerns: How | many years have y | you played? | ? | |
| Do you want siblings of same age group to be on the sa | ame team? Yes | No | · ———— | |
| Other requests to be made at the time of registration - | | | | |
| · · · · · · · · · · · · · · · · · · · | g | | | |
| OUR CLUB RELIES ON VOLUNTEERS (\$10.00 dis | scount for coaching | g) Would y | ou be willing to: | |
| Coach, Assist Coach, Referee, Field | | | | |
| | of Personal Informa | | | |
| I authorize the Ontario Soccer Association, Huronia District So | | | collect and use personal inform | ation |
| about me or my child/ward for the purpose of receiving commu | unications from the O | ntario Soccer | Association, Huronia District | Soccer |
| Association, League and Club. | | | | |
| I understand I may withdraw consent to collection, use, disclos | | | | |
| contacting the OSA Privacy officer at OSAPrivacyOfficer@soc | | to: Attention | of the OSA Privacy Officer, 7 | The |
| Ontario Soccer Association, 7601 Martin Grove Road, Vaugha | | | | |
| *We do not sell or distribute your personal information to any | | | | |
| | Terms and Condition | | | |
| In consideration of the acceptance of my membership in the Ontario S | | rict Associatio | n and Club, I, the participant and | |
| parent/guardian (if participant is under 18 years of age), agree as follo 1. I understand that I or my child/ward cannot play in any sanctioned | WS: | hia ragistration | form has been validated and the | |
| registration data has been entered in the Ontario Soccer Association's | computerized registration | ilis registratioi on system | i form has been varidated and the | |
| 2. I have reviewed the waiver/participant agreement attached and my | signature affixed hereto | indicates my a | greement with such waiver/partic | cipation |
| agreement. | 8 | J . | | 1 |
| 3. I am aware of The Ontario Soccer Association, Huronia District So | ccer Association, Ramar | ra Soccer Club | and League bylaws, policies, rul | es 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 poss | | | 1. 4 1/ . 1 11. | |
| 5. I accept all liability for any damage to the playing equipment cause I acknowledge that I have read this registration agreement in its entire | | | | g. |
| | ty and mat I have execu | ted tills registr | ation agreement voluntarity. | |
| PLEASE TAKE NOTE: | | | | |
| Children must be turning 4 years old in 2018. | | | | |
| Shin pads must be worn. Cleats are recommended. | | | | |
| TIMBITS Fee \$80.00 (2014 Birth Year) | C N 1 21 4 | | | |
| HOUSE LEAGUE Fee \$100.00 each; Late fee \$25.00 | | | | |
| Family fee reduction for 3 or more players (\$10.00 les | | | | |
| NSF charges will apply for returned cheques. Refunds | s will be given, less | \$20.00 adr | ninistration fee. | |
| | | | | |
| | | | | |
| Signature: | Dated: | | _ | |
| | | | | |
| FOR OFFICE USE ONLY: Player's OSA# | | • | | |
| Paid by: CashChequeOtherInterac Emai | | 5 | | |
| Received by: Discount Re | • | | | |
| Checked for missing information on registration form | Birth certificate | e checked (n | ew players only) | |