



Consent & Waiver (OSSL)

Student Athlete Player Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Date of Birth: _____ Male ___ Female ___

Current club affiliation(optional) : _____

Parent or Guardian Information

Father's Name: _____ Phone: _____

Email: _____

Mother's Name: _____ Phone: _____

Email: _____

List of any medical condition/problem player has: _____

Person to notify in case of emergency: _____ Phone: _____

Doctor to notice in case of emergency: _____ Phone: _____

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I, or the parent/guardian of the registrant (a minor), agree that I and the registrant will abide by the rules of the Ontario Scholastic Soccer League (OSSL), its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer training, competition, and related activities, and in consideration for the OSSL accepting the registrant into its programs, I hereby release, discharge, and indemnify the OSSL, its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owners and operators of facilities used for the programs, against any claim by or on behalf of the registrant as a result of participation.

I further authorize the OSSL and its staff to arrange for transportation and/or emergency medical treatment for the registrant if necessary during participation in any program activity.

Player Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

