



2020 OUTDOOR RECREATIONAL REGISTRATION FORM

PO Box 852 11151 Keele St., Maple, ON, L6A 1S8

T. 905.832.0911 F. 905.832.0624

www.vaughansoccer.com

Players' Last Name: _____ Players' First Name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ E-Mail: _____

Home Telephone #: () _____ Cell Telephone#: () _____

Date of Birth: (MM/DD/YY) ____/____/____ Age (in 2020): ____ Male: ____ Female: ____

*Vaughan Soccer Club reserves the right to request proof of birth at any time.

Experience (Yrs.): ____ Club last registered with: _____

Playing history: Has the player ever registered to play soccer in another country? If yes, please answer the following questions:

1. Name of country: _____ 2. Name of Club: _____

3. Year player was last registered in another country: _____

*Any person(s) who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year

I would like to volunteer as: Coach ____ Assistant Coach ____ Sponsor ____ Other ____

Volunteer's Name: _____ Telephone #: () _____

YOUTH RECREATIONAL FEES (chq payable to Vaughan Soccer Club)	Age	Early Bird (12/15/19 – 06/15/20)	Regular (06/16/20 - ONWARD)
2017 born	U3	\$155.00	\$170.00
2016 or 2015 born	U4-5	\$175.00	\$190.00
2014 born	U6	\$195.00	\$220.00
2013 born or earlier	U7-U18	\$200.00	\$225.00

7 Weeks - Saturday Sessions (Goalie or Player Training)	U7-U18	\$100.00 per program
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PLAYER TRAINING CLINIC \$100.00
GOALIE TRAINING CLINIC \$100.00

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, the Ontario Soccer Association, York Region Soccer Association, my league and the Vaughan Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communication from the O.S.A., Y.R.S.A., League and the Vaughan Soccer Club (VSC). We do not sell or distribute your personal information to any other third party not listed her

Refund requests must be received in writing by June 15th, 2020.

A \$75.00 administrative surcharge applies to ALL refunds.

Refunds take approx. 4 to 6 weeks.

\$40.00 fee charged on all returned cheques.

Advertised schedules will not be finalized until a week prior to the start of the season and could change without notice

Request deadline is June 15th, 2020. NO EXCEPTIONS.

VSC will not guarantee requests.

VSC reserves the right to move player(s) from one team to another within the club without notice and regardless of submitted request

I understand, accept and will not dispute the terms as stipulated on this registration form (please initial)

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer Association, York Region Soccer Association and the Vaughan Soccer Club, I the participant and parent/guardian (if participant is under 18 of age), agree as follows:

- I understand that I or my child/ward cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in the Ontario Soccer Association's computerized registration system.
- I am aware of the Ontario Soccer Association, York Region Soccer Association, Vaughan Soccer Club Inc., and League by-laws, policies, rules and regulations and agree to abide by them and to be bound by them.
- I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
- I accept all liability for any damage to the playing equipment caused by me or my child/ward's 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. I accept the above terms and conditions. I certify that the information provided on this registration form is correct and complete. I have reviewed the waiver / participation agreement attached and my signature affixed hereto indicates my agreement with such waiver / participation agreement.

Signature of participant (if aged 18 and over)

Signature of parent / guardian (if under 18)

MM/DD/YY

OFFICE USE ONLY: Payment Received By: _____ Amount \$ _____ Date Received: _____

Cheque# _____ MasterCard _____ Visa _____ Debit Card _____ Authorization# _____ Credit Note# _____

Cash Breakdown: 100 x _____ 50 x _____ 20 x _____ 10 x _____ 5 x _____ Coin Breakdown: _____