



2020 MEN'S REGISTRATION FORM

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

T. 905.832.0911 F. 905.832.0624

sarah.pellegrini@vaughansoccer.com

www.vaughansoccer.com

ALL FIELDS WITHIN THIS SECTION ARE MANDATORY

OSA # _____

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): _____

Last Club Played For: _____ Year Last Played: _____

Open Age 18+ (Sunday Night*) ____ Team Name or Captain (if applicable) _____

Tier 1 ____ Tier 2 ____ *selection of tier is not guaranteed

SEASON FEE: \$185.00/Player (fee includes, all ref fees and full uniform) Season begins weekend of August 7th, 2020

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, the Ontario Soccer, 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 herein.

NO refunds will granted
\$40.00 fee for all returned cheques

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer, 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:

1. 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's computerized registration system.
2. I am aware of the Ontario Soccer, 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.
3. I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
4. 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

MM/DD/YY

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

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

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

**ONTARIO SOCCER
PARTICIPATION AGREEMENT**

(To be signed by participants 18 yrs of age and older)

By signing this document on the previous page you will waive certain legal rights, PLEASE READ CAREFULLY.

This is a binding legal agreement. As a participant in the programs, activities and events of Ontario Soccer, York Region Soccer Association, Leagues and Vaughan Soccer Inc., the undersigned acknowledges and agrees to the following terms:

Accident Insurance Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of the Ontario Soccer's insurance policy.

Disclaimer The Ontario Soccer Association, their Districts, Leagues and Clubs, directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks In consideration of my participation as a Participant in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards of soccer include, but are not limited to injuries from:

- Executing strenuous and demanding physical techniques in soccer;
- b. Dry land training including weights, running and massage;
- c. Grass, turf and other surfaces including bacterial infections and rashes;
- d. Falls to the ground due to uneven or irregular terrain or surfaces;
- e. Collisions with walls and soccer equipment;
- f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- g. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
- h. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
- i. Vigorous physical exertion and strenuous cardiovascular workouts;
- j. Exerting and stretching various muscle groups; and
- k. 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 I may:

- a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
- b. Experience anxiety while challenging myself during the activities, events and programs;
- c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
- d. Risk of injury is reduced if I follow all rules established for participation; and
- e. Risk of injury increases as I become fatigued.

Release of Liability In consideration of the Organization allowing me to participate as a Participant, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.



Concussion Code of Conduct for Athletes and Parents/Guardians

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)



I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process* (I will have to follow my sport organization's Return-to-Sport Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete Name: _____

Signature: _____

Parent/Guardian Signature (under 18 years of age): _____

Date: _____

