



2020 - 21 INDOOR COACHES REGISTRATION FORM

P.O BOX 852 11151 Keele St., Maple, Ont., L6A 1S8

T. 905.832.0911 F. 905.832.0624

www.vaughansoccer.com

CONTACT INFORMATION (PLEASE PRINT CLEARLY)

Full Name: _____
Last _____ *First* _____ *Date of Birth* _____

Address: _____
Street Address _____ *Apartment/Unit #* _____

_____ *City* _____ *Province* _____ *Postal Code* _____

Home Phone: () _____ Business Phone: () _____

Cell Number: () _____ E-mail Address: _____

Do you have your 'Respect in Soccer Certificate? Yes ___ No ___ If yes, provide Certificate Number: _____

If you wish to Coach a specific Child, please provide the child's information as listed below. If Coaching more than one child please provide information of each child you wish to Coach as listed below;

Childs full name _____ Child's D.O.B. _____ Gender _____

Childs full name _____ Child's D.O.B. _____ Gender _____

Childs full name _____ Child's D.O.B. _____ Gender _____

Are you signing up as Head Coach: ___ OR Assistant Coach: ___ Is there somebody you wish to coach with? If yes please provide his/her full name: _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, Ontario Soccer Association, YORK REGION SA, and VAUGHAN SC to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, District Association, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at sandra.colica@vaughansoccer.com or by mail to: **Attention: VAUGHAN Privacy Officer, VAUGHAN SC, 11151 KEELE ST, MAPLE ON L6A 1L1.** The Privacy Officer will advise the implications of such withdrawal.

We do not sell or distribute your personal information to any other third party not listed herein.

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in the Ontario Soccer Association, YORK REGION SA, and VAUGHAN SC, I, the participant agree as follows:

I am aware of The Ontario Soccer Association, *your* YORK REGION SA, VAUGHAN SC and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.

I have been supplied with a copy of the 2020 Coach's Manual which contains the League Rules and Regulations for the Vaughan Soccer Club Youth Recreational League. I have read and fully understand the Rules of the League and agree to abide by these rules.

By signing and dating below you agree that you are the administrator being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Signature of Coach/Administrator

Date

For use by CLUB/LEAGUE REGISTRAR

SIGNATURE _____

Date _____

For use by District Association

SIGNATURE _____

Date _____

Note: An Organization must retain copy of the Administrator registration form and if requested must submit form to its District Association or the Ontario Soccer Association



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: _____

