



# 2020-21 INDOOR REGISTRATION FORM

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www.vaughansoccer.com

PLEASE PRINT CLEARLY

OSA # \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Phone #: ( ) \_\_\_\_\_ Secondary Phone #: ( ) \_\_\_\_\_

Date of Birth: (YY/MM/DD) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \* (in 2021): \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Interest: Competitive \_\_\_\_ Recreational \_\_\_\_ 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 \_\_\_\_ Referee \_\_\_\_ Other \_\_\_\_

Volunteer's Name: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

### REGISTRATION FEES/TERMS AND CONDITIONS

	<b>YTH RECREATIONAL PROGRAM</b> U3 (Born 2018) – U18 (Born 2003) Male & Female	<b>EARLY BIRD FEE</b>	<b>LATE FEE</b>
	12 Week Winter Session (October – January)	<b>\$185.00</b> Aug. 21 – Sept. 21/20	<b>\$200.00</b> Sept. 22 – Onward
	12 Week Spring Session (January – April)	<b>\$185.00</b> Aug. 21 – Dec. 15/20	<b>\$200.00</b> Dec. 16 - Onward
	24 Week Session (October – April)	<b>\$340.00</b> Aug. 21 – Sept. 21/20	<b>\$365.00</b> Sept. 22 – Onward

Chqs made payable to **Vaughan Soccer Club** \$40.00 fee charged on returned chqs Cash Payments must be made with exact change

**Refund Deadline:** October 1<sup>st</sup>, 2020 (**Winter Session**) December 28, 2020 (**Spring Session**)

All refund requests must be received via email on or before the refund deadline Admin Fee of **\$75.00** applies to **ALL refunds**.

**Request Deadline: September 25, 2020 (Winter Session) January 4, 2021 (Spring Session)**

We reserve the right to move player(s) from one team to another within the club without notice

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



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 herein.

Players must purchase their own turf soccer shoes and shin guards (shin guards are mandatory, children caught not wearing shin pads will not be eligible to play)

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:

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 Association's computerized registration system.
2. 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.
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 (if aged 18 and over)

\_\_\_\_\_  
Signature of parent / guardian (if under 18)

\_\_\_\_\_  
YY/MM/DD

**OFFICE USE ONLY:** Payment Received By: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Cheque# \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Debit Card \_\_\_\_\_ Authorization# \_\_\_\_\_ Credit Note# \_\_\_\_\_

Cash \_\_\_\_\_ Cash Breakdown: 100 x \_\_\_\_\_ 50 x \_\_\_\_\_ 20 x \_\_\_\_\_ 10 x \_\_\_\_\_ 5 x \_\_\_\_\_ Coin Breakdown: \_\_\_\_\_

**ONTARIO SOCCER ASSOCIATION  
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.**

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities and events of The Ontario Soccer Association, the York Region Soccer Association, Vaughan Soccer Club Inc., and various leagues.

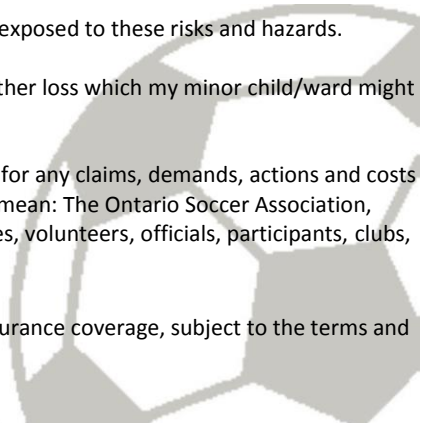
**I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the Ontario Soccer Association.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but are not limited to injuries from:
  - a. 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.
4. Furthermore, I am aware that my child/ward may:
  - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
  - b. Experience anxiety while challenging himself/herself 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 he/she follows all rules established for participation; and
  - e. Risk of injury increases as he/she become fatigued.

**I UNDERSTAND AND AGREE**, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs. I acknowledge that my copy of this registration form is also my official receipt for income tax purposes, and further acknowledge that if an additional copy of this registration form or receipt is requested at a later date, the Vaughan Soccer Club will levy a service charge of \$25 per additional request.
6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
7. **I agree to accept all these risks and hazards** and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
8. **If something happens to my child/ward, I release the Organizers** of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand "Organizers" to mean: The Ontario Soccer Association, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

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





## 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:** \_\_\_\_\_

