

# Vaughan Soccer Club Trial Waiver

*Any player wishing to take part in a VSC trial or assessment must pre-register using this form*

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

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

Postal Code: \_\_\_\_\_

Gender: Male      Female      other      Date of Birth \_\_\_\_\_

Guardian #1 Name \_\_\_\_\_ Guardian #2 Name \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

Team or Program trialing for: \_\_\_\_\_

## Consent for Use of Personal Information

I authorize Vaughan Soccer Club (VCS) to collect and use personal information about me and my child/ward, including name, address, e-mail, telephone number, cell phone number, sex, age, date of birth, health card number (optional), medical history (optional) and any other additional information required by the Club for its own needs for the following purposes:

- Receiving communications from the Vaughan Soccer Club;
- Receiving information from the Vaughan Soccer Club's sponsors;
- Ensuring appropriate age group and category;
- Determining eligibility;
- Media relations and publishing sports information;
- In the case of medical emergencies;
- Determining membership demographics and program wants and needs;
- Player identification/recruitment; and
- Posting rosters, statistics, images and results on the website of the

## Vaughan Soccer Club

I also authorize the Vaughan Soccer Club to disclose my and my child's/ward's personal information to the Canadian Soccer Association, Ontario Soccer Association, York Region District Association, Leagues and Tournament Host Organizations for the purpose of annual demographic reporting, registration, posting competition information, organizational needs and to communicate with registrants about soccer programs, events and activities.

I consent to the Vaughan Soccer Club to take photographs, videotape, or digital recordings of me and my child/ward and to use these in any and all media, including the Vaughan Soccer Club website.

I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the Vaughan Soccer Club.

### **Waiver/Participation Agreement**

#### **ALL PROGRAMS AND ACTIVITIES HAVE ITS RISKS**

I participate in the game of soccer because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to this activity. The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dryland training including weights, running and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes
- Injuries from collisions with walls and soccer equipment
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment
- Spinal cord injuries which may render me permanently paralyzed
- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts
- Injuries from exerting and stretching various muscle groups; and
- 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 injuries sustained in soccer can be severe;
- That I may experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

#### **I AGREE TO BE RESPONSIBLE FOR MYSELF**

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Ontario Soccer, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and representative.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

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NAME OF PARTICIPANT	AGE	DATE
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PRINTED NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN	