



2012 OUTDOOR HOUSE LEAGUE REGISTRATION FORM

Front & Back of form must be completed prior to registration

Parent/Guardian's Name: _____
(Last) (First)

Parent/Guardian Signature _____ Date: _____

A member of my family has played in the Kitchener Soccer Club previously: YES / NO

Family Contact Information:

Address: _____

City/Town: _____ Postal Code: _____

Phone (H): _____ Phone (C): _____

E-mail address: _____

Please be advised that your e-mail address will only be used for communication from KSC and your child's/children's coach(es).

Registration Information:

Player (1): _____ Date of Birth: _____
(Last) (First) (Day/Month/Year)

Age Division Registering For: _____ Boys / Girls Rep Experience: Yes / No All-Star Experience: Yes / No
(ex: U-10)

If registering in **U3 Toddler**, please circle Level 1 for advanced and Level 2 for beginner: LEVEL 1 LEVEL 2

If registering in **U8 or U9 division**, please circle days of play: MONDAY/WEDNESDAY OR TUESDAY/THURSDAY

If registering for a **Micro Program (U3-U6)**, please circle a session: SESSION 1 SESSION 2 SESSION 1 & SESSION 2

Player (2): _____ Date of Birth: _____
(Last) (First) (Day/Month/Year)

Age Division Registering For: _____ Boys / Girls Rep Experience: Yes / No All-Star Experience: Yes / No
(ex: U-10)

If registering in **U3 Toddler**, please circle Level 1 for advanced and Level 2 for beginner: LEVEL 1 LEVEL 2

If registering in **U8 or U9 division**, please circle days of play: MONDAY/WEDNESDAY OR TUESDAY/THURSDAY

If registering for a **Micro Program (U3-U6)**, please circle a session: SESSION 1 SESSION 2 SESSION 1 & SESSION 2

Player (3): _____ Date of Birth: _____
(Last) (First) (Day/Month/Year)

Age Division Registering For: _____ Boys / Girls Rep Experience: Yes / No All-Star Experience: Yes / No
(ex: U-10)

If registering in **U3 Toddler**, please circle Level 1 for advanced and Level 2 for beginner: LEVEL 1 LEVEL 2

If registering in **U8 or U9 division**, please circle days of play: MONDAY/WEDNESDAY OR TUESDAY/THURSDAY

If registering for a **Micro Program (U3-U6)**, please circle a session: SESSION 1 SESSION 2 SESSION 1 & SESSION 2

OFFICE USE ONLY

Payment Information:

Amount \$ _____ Method of Payment: _____ Discount Applied:

ONTARIO SOCCER ASSOCIATION PARTICIPATION AGREEMENT

FOR THOSE UNDER 18 YRS

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: _____ Age _____ Date of Birth _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of The Ontario Soccer Association, **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 child/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. Dryland 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.
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.

I ACKNOWLEDGE MAKING THIS AGREEMENT

By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Revised February 12, 2007