

THE OWEN SOUND SOCCER LEAGUE- PLAYER REGISTRATION FORM 2009

Personal Information					
Full Name:			MALE		FEMALE
	<i>Last</i>	<i>First</i>			
Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			ONTARIO	POSTAL CODE
Phone:	()	EMAIL			Cell
BIRTH DATE	YEAR	MONTH	DAY		
Years of Soccer Experience		Have you played competitively		Yes	No
Positions	Goalie	Forward	Defense		

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in the Owen Sound Senior Futsal League, I, the participant agree as follows:

1. I understand that I cannot play in any games until after this registration form has been validated.
2. I have reviewed the waiver agreement attached and my signature affixed hereto indicates my agreement with such waiver agreement.
3. I am aware of all Futsal rules and regulations and agree to abide by them and to be bound by them.
4. I am aware of the rules and regulations of the school premises and understand that I can be evicted from the premises for not abiding by said rules and regulations.
5. I also agree that any un-sportsman like conduct will not be permitted and will result in automatic ejection and suspension from the League. Actions such as spitting, fighting, swearing, intimidation, dangerous play, as interpreted by referees, conveners or other league official will result in suspension and or expulsion without refund.
6. I accept sole responsibility for my personal possessions and athletic equipment.
7. I accept all liability for any damage to the playing equipment caused by my negligent and/or improper handling.
8. Games may be cancelled due to weather/field conditions without notice, that the league has no control over. Every reasonable attempt will be made to communicate and reschedule if possible.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

		Registration Fee \$125.00
Signature of Participant	Date	Paid YES NO
Signature of Representative	Date	CHEQUE CASH

Verification of Birth Date

Verification of Birth Date	Birth Certificate	Player Book	Other	
				Current Bluewater Student YES NO
				Name of School

Contact	Brad Fritz 519-372-0117 fritzbrad@hotmail.com	Mark Robinson 519-376-7504 soccercentral@sympatico.ca	
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<http://www.owensoundsoccer.com>

**OWEN SOUND SOCCER LEAGUE
WAIVER AND RELEASE OF LIABILITY**

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

By signing this form you give up important legal rights. Please read Carefully!

This is a binding legal agreement. As a Participant in the programs, activities and events of the Owen Sound Soccer League, the undersigned acknowledges and agrees to the following terms.

Disclaimer

The Owen Sound Soccer League, their 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 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;
- Injuries from dry land training including weights, running, and massage;
- Injuries from grass, turf and other surfaces including bacterial Infections and rashes;
- Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces;
- 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 come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

Release of Liability

In consideration of the Organization allowing me to participate, 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.

X-----
Signature of Participant

Print Name of Participant

Date