

OWEN SOUND SOCCER LEAGUE PLAYER REGISTRATION FORM

Season Year:

Futsal / Outdoor
(circle one)

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	<i>POSTAL CODE</i>
Phone:	()	EMAIL		Cell	
BIRTH DATE	YEAR	MONTH	DAY		
Years of Soccer/Futsal 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 Soccer 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.

Signature of Participant	Date	Registration Fee:
		Paid YES NO
Signature of Representative	Date	CHEQUE CASH

<p>Contact Brad Fritz 519-372-0117 fritzbrad@hotmail.com Mark Robinson 519-376-7504 soccercentral@sympatico.ca</p>	<p>Current Bluewater Student YES NO Name of School</p>
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<http://www.owensoundsoccer.com>