

## SWRSA INDOOR 2012-13 SENIOR REGISTRATION

<b>IS THIS A NEW OSA PLAYER?</b>	<b>YES</b>	<b>PERSONAL INFORMATION</b>			
	<b>NO</b>	<b>OSA Number:</b>		<b>Please check one:</b>	<input type="checkbox"/> <b>MALE</b>

<b>Name:</b>	<b>LAST</b>	<b>FIRST</b>	<b>INITIAL</b>
<b>Address:</b>	<b>STREET NUMBER AND NAME</b>	<b>CITY</b>	<b>ON</b> <b>POSTAL CODE</b>
<b>Phone:</b>	<b>HOME:</b>	<b>PROOF OF BIRTH DATE:</b>	
	<b>WORK:</b>		
	<b>CELL:</b>		
	<b>EMAIL:</b>	<b>Date of Birth</b>	<b>YEAR</b> <b>MONTH</b> <b>DAY</b>
<b>Add me to the replacement / fill in player list</b> <input type="checkbox"/> YES / <input type="checkbox"/> NO	<b>Uniform Size:</b> SML <input type="checkbox"/> MED <input type="checkbox"/> LRG <input type="checkbox"/> X-LRG <input type="checkbox"/> XX-LRG <input type="checkbox"/>	<b>FRIEND REQUEST: (PLAYER)</b>	

TEAM INFORMATION	
<b>Club Registration #:</b> on file	<b>Club Name:</b> Owen Sound FC
<b>Team Registration #:</b> on file	<b>Team Name:</b>
<b>League Registration #:</b> on file	<b>League:</b> Adult Indoor House League
<b>Division Name:</b> <input type="checkbox"/> MENS PREMIER <input type="checkbox"/> MENS 1 <sup>ST</sup> <input type="checkbox"/> MENS 2 <sup>ND</sup> <input type="checkbox"/> MENS 3 <sup>RD</sup> <input type="checkbox"/> WOMEN'S PREMIER <input type="checkbox"/> WOMEN'S 1 <sup>ST</sup> <input type="checkbox"/> WOMEN'S 2 <sup>ND</sup> <input type="checkbox"/> WOMEN'S CONFERENCE <input type="checkbox"/> OTHER: _____	
<b>Player Classification :</b> Indoor Season	

PLAYING HISTORY
<p><b>ATTENTION: The "Playing History" section MUST be completed</b> – Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.</p> <p>Has the player <b>EVER</b> registered to play soccer in another country? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>If Yes, answer the following questions:</p> <p>a) In which country (other than Canada) did the player <b>last</b> register? _____</p> <p>b) With which Club did the player <b>last</b> register in another country? _____</p> <p>c) In which year did the player <b>last</b> register in another country? _____</p>

CONSENT FOR USE OF PERSONAL INFORMATION		
<p>I authorize the Canadian Soccer Association, Ontario Soccer Association, SWRSA and my Club to collect and use personal information about me for the purpose of receiving communications from the Ontario Soccer Association, District Association, Club and League. I understand that I may withdraw consent to collection, use or disclosure of my personal information at any time by contacting the OSA Privacy Officer at <a href="mailto:OSAPrivacyOfficer@soccer.on.ca">OSAPrivacyOfficer@soccer.on.ca</a> or by mail to: <b>Attention of the OSA Privacy Officer, The Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4.</b></p> <p><b>**We do not sell or distribute your personal information to any other third party not listed herein.**</b></p>		
ACCEPTANCE OF TERMS AND CONDITIONS		
<p>In consideration of the acceptance of my membership in the Ontario Soccer Association, District Association and Club, I, the participant, agree as follows:</p> <ol style="list-style-type: none"> <li>I understand that I 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.</li> <li>I have reviewed the waiver agreement attached and my signature affixed hereto indicates my agreement with such waiver agreement.</li> <li>I am aware of The Ontario Soccer Association, SWRSA, and my Club and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.</li> <li>I accept sole responsibility for my personal possessions and athletic equipment.</li> <li>I accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.</li> </ol> <p>I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.</p>		
<b>X</b> _____ <b>Signature of Participant</b>	<b>X</b> _____ <b>Signature of Club Representative</b>	<b>X</b> _____ <b>Date</b>

For Use by Senior Club Registrar				← <b>Senior Club Registrars must complete this area and sign.</b>
<b>Verification of Birth Date</b>	Birth Certificate	Player Book	Other	
<b>Registrar's Signature</b>				<b>Date</b>

**ONTARIO SOCCER ASSOCIATION**  
**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 Ontario Soccer Association, Districts, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.

**Disclaimer**

The Ontario Soccer Association, Districts, Leagues and Clubs, 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 dryland 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 \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Participant Print Name of Participant Date  
Please print so we can read it.

**Please indicate your skill level (1 = proficient/experience player / 10 = beginner - Circle a Number)**

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

I'd like to play net...  ALWAYS /  HALF THE TIME /  OCCASIONALLY /  NEVER