



# YRSA Special Needs Soccer Program 2016



## PLAYER REGISTRATION FORM

### Personal Information

Full Name: \_\_\_\_\_  
 LAST FIRST M.I.

Address: \_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_ CITY PROVINCE POSTAL CODE

Home Phone: \_\_\_\_\_ Cel Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: MALE FEMALE

Birth Date: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
 YEAR MONTH DAY

Emergency Contact: \_\_\_\_\_  
 NAME & RELATIONSHIP PHONE

Disability: \_\_\_\_\_

*After we have confirmed your registration, we will contact you via email for any specific instructions regarding your child.*

### Program Details

**YRSA Special Needs Camp  
St. Robert's High School, Thornhill, ON**

**Tuesday, August 16<sup>th</sup>, Wednesday, August 17<sup>th</sup>  
& Thursday, August 18<sup>th</sup>, 2016**

The following person(s) will attend with my child each day as their Guardian: \_\_\_\_\_

### Consent for Use of Personal Information

I authorize the York Region Soccer Association and the Ontario Soccer Association, and their associates to collect and use personal information about me or my child/ward for the purpose of receiving communications from the York Region Soccer Association and the Ontario Soccer Association.

I understand that I may withdraw consent to collection, use or disclosure of my or my child/ward's personal information at any time by contacting the OSA Privacy Officer at **OSAPrivacyOfficer@soccer.on.ca** or by mail to: **Attention of the OSA Privacy Officer, The Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4.**

**\*We do not sell or distribute your personal information to any other third party not listed herein.\***

#### ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in the York Region Soccer Association and the Ontario Soccer Association, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:

1. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
2. I am aware of the York Region Soccer Association and Ontario Soccer Association bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
3. I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
4. I accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and/or improper handling.

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

SIGNATURE OF PARENT/GUARDIAN

NAME OF PARENT/GUARDIAN (Printed)

DATE



# YRSA Special Needs Soccer Program 2016

Ontario Soccer Association  
WAIVER AND RELEASE OF LIABILITY



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

1. This is a binding legal agreement. As a participant in the programs, activities and events of the OSA, their Districts, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.

### Disclaimer

2. The OSA, YRSA, Leagues and Clubs, 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

3. In consideration of my child's participation as a participant in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated or related to soccer. The risks and hazards of soccer include, but are not limited to injuries from:
  - Grass, turf and other surfaces including bacterial infections and rashes;
  - Falls to the ground due to uneven or irregular terrain or surfaces;
  - Collisions with walls and soccer equipment;
  - Spinal cord injuries which may render me permanently paralyzed;
  - Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
  - Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
  - Vigorous physical exertion and strenuous cardiovascular workouts;
  - Exerting and stretching various muscle groups; and
  - Travel to and from events which are an integral part of the organization's activities
4. Furthermore, I am aware:
  - That injuries sustained in soccer can be severe;
  - That my child may come into close contact with other participants, including the possibility of accidental and unexpected contact;
  - That my child may experience anxiety while challenging themselves during the activities;
  - That my child's risk of injury is reduced if they follow all rules during the event;
  - That my child's risk of injury increases as they become fatigued.

### Release of Liability

5. In consideration of the Organization allowing my child to participate as a participant, I agree:
  - a) To assume all risks arising out of, associated with or related to their participation
  - b) To be solely responsible for any injury, loss or damage that my child may sustain whilst participating; and
  - c) To release the Organization from liability for any and all claims, demands, actions, and costs that might arise out of my child's participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

### Photo Release Permission

6. I hereby grant the Organization permission to take or have taken, still and moving photographs and films (including television and video picture) of my child, and consent and authorize the Organization to use and reproduce the photographs, films and pictures; to circulate and publicize the same by all means including without limiting the generality of the foregoing, in newspapers, broadcast media, brochures, pamphlets, instructional materials and books.

### 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. By signing and dating below you agree that you are the parents/guardian of the child being registered and to be bound by this Legal Agreement even if you have not read this agreement.

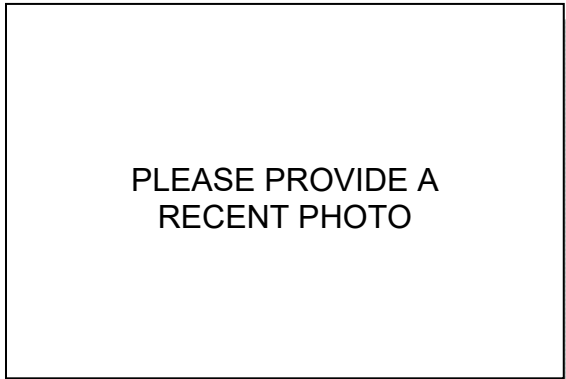
SIGNATURE OF PARENT/GUARDIAN

NAME OF PARENT/GUARDIAN (Printed)

DATE



# Player Profile



Name: \_\_\_\_\_

Age: \_\_\_\_\_

Disability: \_\_\_\_\_

Dietary Restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Are there any safety precautions we need to be aware of (i.e.: seizures)?  
\_\_\_\_\_  
\_\_\_\_\_

Favourite Sport and Interests:  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child...		
...Played soccer before?	Yes	No
...Been to camp before?	Yes	No

Can your child...		
...Work well in a group setting?	Yes	No
...Run?	Yes	No

*All the information will be used in the selection of a mentor for your child.  
We want to be able to provide the best camp experience and with the more information  
we can make camp a safe and fun environment.*