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**2009/2010 DEVELOPMENT REGISTRATION**

Player's name: ..... Season: Winter Development

Address: ..... Phone: ( ).....

..... E-mail: .....

Date of Birth: ..... Gender: Male Female

Health Concerns: .....( ) Please Initial

Registration Fee: \$150

Date: .....Paid: .....

Owing: .....

Payment: Cash Cheque Visa MC Debit

Visa or MC Number: ..... Expiry date: .....

Club Registrar: ..... Date: .....

Parent Signature: ..... Date: .....

My signature acknowledges that I accept responsibility for the fees as listed above and that I have read and agreed to the terms and conditions listed on page 2 of this document as well as the refund policy as indicated at the bottom of this document.

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**Returned cheques: \$35.00 Surcharge / Refund Charge: \$35.00 / No Refund after 3<sup>rd</sup> week of play.**

# ONTARIO SOCCER ASSOCIATION

## Participant's Agreement (To Be Used for Players Under the Age of 18)

Name of Participant: \_\_\_\_\_ Age (If under 18) \_\_\_\_\_

### ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS

I participate in the game of soccer because it is physically and mentally challenging. 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 this activity. The risks and hazards 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 experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

### I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement 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.

### I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

\_\_\_\_\_  
Printed Name of Participant (If over the age of 13)

\_\_\_\_\_  
Signature of Participant (If over the age of 13)

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date