

Taxandria Falcons Soccer Club
PLAYER REGISTRATION FORM (age 18 & younger)
Indoor Soccer

PERSONAL INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *Province* *Postal Code*

Home Phone: () _____ Business Phone: () _____

Cell Number: _____ E-mail Address: _____

Birth Date: (y/m/d) _____ Gender: _____

Where & when did you last play outdoor soccer?: _____

Parent/Guardian Name(s) _____

EMERGENCY CONTACT NAME(S), PHONE #, INSTRUCTIONS

How can we reach you in case of emergency during an indoor soccer session?

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Western Counties Soccer Association (WCSA) and the Taxandria Falcons Soccer Club to collect and use personal information about my child/ward for the purpose of receiving communications from the WCSA and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the Taxandria Falcons Soccer Club at registration@taxandriasoccer.on.ca or by mail at P.O. Box 5292, Forest, ON, N0N 1J0.

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 child/ward's membership in the Western Counties Soccer Association and Taxandria Falcons Soccer Club, I, the parent/guardian (for the participant under 18 years of age), agree as follows:

1. I understand that my child/ward cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in the Taxandria Falcons Soccer Club's registration system.
2. I have reviewed the participation agreement attached and my signature affixed hereto indicates my agreement with such participation agreement.
3. I am aware of Indoor Soccer Program rules and agree to abide by them and to be bound by them.
4. I accept sole responsibility for my child/ward's personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by my child/ward's careless, negligent and/or improper handling.

By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement

 Signature of Parent/Guardian _____
Date

CLUB COMMUNICATION

It is important to the operation of the club that we have your permission to communicate with members using electronic communication such as e-mail or other messaging tools as technology changes. Please sign below to confirm that we have your permission.

 Signature of Parent/Guardian _____
Date

For use by CLUB REGISTRAR

Verification of Birthdate: _____ Birth Certificate _____

SIGNATURE _____

Date _____

Taxandria Falcons Soccer Club – Indoor Soccer Program

PARTICIPANT’S AGREEMENT

FOR THOSE 18 YEARS OLD AND YOUNGER

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: _____ **Age** _____ **Date of Birth** _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of the Western Counties Soccer Association, **I ASSURE YOU THAT:**

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the Western Counties Soccer Association.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but are not limited to injuries from: *[The list below includes items related to outdoor soccer that do not apply to indoor soccer.]*
 - a. Executing strenuous and demanding physical techniques in soccer;
 - b. Dryland training including weights, running and massage;
 - c. Grass, turf and other surfaces including bacterial infections and rashes;
 - d. Falls to the ground due to uneven or irregular terrain or surfaces;
 - e. Collisions with walls and soccer equipment;
 - f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - g. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - h. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - i. Vigorous physical exertion and strenuous cardiovascular workouts;
 - j. Exerting and stretching various muscle groups; and
 - k. Travel to and from competitive events and associated non-competitive events which are an integral part of the organization’s activities.
4. Furthermore, I am aware that my child/ward may:
 - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if he/she follows all rules established for participation; and
 - e. Risk of injury increases as he/she become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to accept all these risks and hazards and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
8. If something happens to my child/ward, I release the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child/ward’s participation. I understand “Organizers” to mean: The Western Counties Soccer Association, the Taxandria Falcons Soccer Club and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

Accident Insurance

Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Western Counties Soccer Association’s insurance policy.

I ACKNOWLEDGE MAKING THIS AGREEMENT

By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date