OSA / DISTINCTIONZ SOCCER CLUB
PLAYER REGISTRATION FORM (Under 18)

Season: _____ **Age Group:** _____

Please complete ALL Pages

PLAYERS 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: (m/d/y) _____ OSA Registrant # _____ Gender: _____

ATTENTION: The "PLAYING HISTORY" section MUST be completed – 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.

Has the player **ever** registered to play soccer in another country? ___ Yes ___ NO

If Yes, answer the following questions:

a) In which country (other than Canada) did the player **last** register? _____

b) With which Club did the player **last** register in another country? _____

c) In which year did the player **last** register in another country? _____

CONSENT FOR USE OF PERSONAL INFORMATION

1. I authorize the Canadian Soccer Association (CSA), Ontario Soccer Association (OSA), Peel Halton Soccer Association (PHSA), and the Distinctionz Soccer Club (DSC) (collectively the "Organization") to collect and use personal information about me for the purpose of receiving communications and the purposes described in the Organization's privacy policy. This consent is in compliance with the *Personal Information Protection and Electronic Documents Act* and the *Canadian Anti-Spam Legislation*.
2. Furthermore, I grant permission to the Organization to photography and/or record my child's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote soccer through for the use of audio/visual materials for these purposes. I accept the Distinctionz Soccer Club may use my child's team pictures and publish the first names for publications/events run by the DSC.
3. I understand that I may with draw such consent at any time by contacting the Organization's Privacy Officer (info@Distinctionzsoccerclub.com). The Privacy Officer will advise the implications of such withdrawal.

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 Ontario Soccer Association, District Association and 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 Ontario Soccer Association's computerized 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 The Ontario Soccer Association, The Peel Halton Soccer Association, The Distinctionz Soccer Club and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them. This includes the DSC Code of Conduct and the DSC Zero Tolerance Policy.
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.
6. I accept the Distinctionz Soccer Club may use my child's team pictures and publish the first names for publications/events run by the DSC

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

For use by CLUB REGISTRAR

Verification of Birthdate: __ Birth Certificate ___ Player Book ___ Other

SIGNATURE_____

Date _____

Note: Club must retain copy of the player registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request.

ONTARIO SOCCER ASSOCIATION
PARTICIPATION AGREEMENT

FOR THOSE UNDER 18 YRS

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 Ontario Soccer Association, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the abovenamed 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 Ontario 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:

   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 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.

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.

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

Concussion Waiver and Rowans Law

This document provides essential information to help protect athletes from, and reduce the risks associated with concussions. Use this information at games and practices to learn how to spot a concussion and what to do if a concussion occurs.

It is **a requirement of Provincial Law** that any participant under 26 years of age has to confirm or have parental confirmation that the Concussion Awareness Resources have been reviewed. **Signature required at the end of this document.**

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.

- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children’s or teens’ health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren’t serious or worry that if they report a concussion, they will lose their position on the team or look weak. Be sure to remind them that it’s better to miss one game than the whole season.

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing— have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.
What Should I Do If My Child or Teen Has a Possible Concussion? As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child’s or teen’s health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child’s or teen’s school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at rst, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child’s or teen’s return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider. **To review the official Concussion Awareness Resources you will need to visit:** ontario.ca/concussions

Parent Agreement: (Athlete can sign if over 18 years of age)

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury:

Signed: _____ Date: _____

Parent Name: _____ Player Name: _____

Emergency Contact Information

First Name:

_____

Last Name:

_____

Phone Number:

_____

Medical History

Do you have any allergies that we need to be aware of?

Yes No

If yes, please specify:

_____

Do you have any Medical Conditions that we need to be aware of?

Yes No

If yes, please specify:

_____