



**PICKERING SOCCER CLUB / OSA – PARTICIPATION AGREEMENT  
RECREATIONAL / ALL STAR COACH (FOR THOSE UNDER 18 YEARS)**

**Season: Indoor / Outdoor (please circle) Year: 20 \_\_\_\_**

**COACH CONTACT 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: \_\_\_\_\_

**COACH INFORMATION**

Birth Date: (y/m/d) \_\_\_\_\_ OSA Registrant # \_\_\_\_\_ Gender: \_\_\_\_\_

**TEAM DETAILS**

Club Name: PICKERING SOCCER CLUB Team Name: \_\_\_\_\_

League Name: RECREATIONAL / ALL STAR Division Name: UNDER BOYS / GIRLS

**Indoor:** Mini Futsal \_\_\_\_\_ Youth Futsal \_\_\_\_\_ Senior Futsal \_\_\_\_\_

**Outdoor:** Micro Outdoor \_\_\_\_\_ Mini Outdoor \_\_\_\_\_ Youth Recreational \_\_\_\_\_ Senior Recreational \_\_\_\_\_

**CONSENT FOR USE OF PERSONAL INFORMATION**

1. On behalf of my child/ward, I authorize the Canadian Soccer Association (CSA), Ontario Soccer Association (OSA), Durham Region Soccer Association (DRSA), and the Pickering Soccer Club (PSC) (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 photograph and/or record my child/ward's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote soccer through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that I waive any claim to remuneration for use of audio/visual materials used for these purposes. I accept the Pickering Soccer Club may use my child's team pictures and publish the first names for publications/events run by the PSC.
3. I understand that I may withdraw such consent at any time by contacting the Organization's Privacy Officer ([privacy@pickeringssoccer.ca](mailto:privacy@pickeringssoccer.ca)) 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 membership in the Ontario Soccer Association, District Association and Club, I, the participant agree as follows:

1. I understand that my child/ward cannot coach 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 Participant's agreement attached and my signature affixed hereto indicates my agreement with such Participant's Agreement.
3. I am aware of The Ontario Soccer Association, Durham Region Soccer Association, Pickering Soccer Club and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
4. I accept sole responsibility for my child/ward's possessions and athletic equipment.
5. I accept all liability for any damage to the coaching equipment caused by my child/ward or 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 coach being registered and to be bound by this Legal Agreement even if you have not read this agreement.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

**For use by CLUB REGISTRAR**

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

**For use by District Association**

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

**Note: An organization must retain copy of the coach registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request**



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**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS. PLEASE READ CAREFULLY!**

**Name of Participant:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

1. This is a binding legal agreement. As a parent/guardian of a Participant in the programs, activities and events of the Ontario Soccer Association, their Districts, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.

**Disclaimer**

2. The Ontario Soccer Association, their Districts, 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/ward's 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;
- Dry land training including weights, running, and massage;
- 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;
- 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;
- 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 competitive events and associated non-competitive 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/ward may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my child/ward may experience anxiety while challenging him/herself during the activities;
- That my child/ward's risk of injury is reduced if we follow all rules adopted during training; and
- That my child/ward's risk of injury increases as they become fatigued.

**Release of Liability**

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

**Accident Insurance**

Executing this agreement will not preclude you from accident insurance coverage for your child/ward, subject to the terms and conditions of The Ontario Soccer Association's insurance policy.

**Acknowledgement**

By signing and dating below you agree that your child/ward is the coach being registered and to be bound by this Legal Agreement even if you have not read this agreement.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Revised February 12, 2007**



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**COACHING POSITION PREFERRED (specify Age Group and Gender) – COACH / ASST COACH (please circle)**

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

**Do you anticipate having your son or daughter playing on the team?** Yes  No

Name \_\_\_\_\_ YOB \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Name \_\_\_\_\_ YOB \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

**PREVIOUS COACHING EXPERIENCE**

If you have coached a team within the past three (3) years, please indicate the following:

	Year	Club	Age Division	League
1				
2				
3				

**REQUIREMENTS**

- A. If you have them, please attach a photocopy of your OSA coaching level certifications.
- B. SCREENING: A CIR (Criminal Information Request or "police check") is required as a condition of a coaching assignment as follows:
  - Recreational – coaches for youth up to the age of 15 – every 3 years
  - Recreational – coaches for youth aged 16-18 – every 2 years
  - All Star – all coaches, regardless of the age of the team - every 2 years

For all new coaches and members of the coaching staff, an original and current CIR report within the last 3 months should be available for review by PSC Screening Officer. The Police Services now require a letter from the organization (PSC) that you are volunteering for **prior** to running the check. Please contact the PSC Screening Officer to obtain the required forms.

Your approval as a coach remains PENDING until the conclusion of the Screening process with a signed DECLARATION.

- C. Personal References (3) *non- family members* - (Complete the table below particularly if you are applying to coach **All Star**):

	Name	Home phone #	Work Phone #	E-mail
1				
2				
3				

- D. New **All Star** coaches will be asked to attend a personal interview with a PSC Screening Officer prior to confirmation of team assignment.
- E. Coaches are required to attend **all** Coaches' meetings called by the club and are strongly recommended to attend coaching clinics offered by the Pickering Soccer Club.

**I have reviewed and agreed to the role and position (as defined) and have accurately completed this application and understand that the above references will be contacted. I understand that the appointment of any coach is at the full discretion of the PSC and that acceptance may be revoked by the PSC.**

**I agree to abide by the PSC Zero Tolerance policy and the Code of Conduct. Further, I understand that failure to comply with the Policies and Rules & Regulations of the Club, the League/Region and the OSA will result in disciplinary action and possible removal from my coaching duties with PSC.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Participant (Coach)

\_\_\_\_\_  
Date

**FOR CLUB USE ONLY**

Date received -		All Star Y / N	Recreational Y / N
	<i>Date Completed</i>		<i>Date Completed</i>
CIR Receipt		Personal references (AS)	
CIR Report		Interview (AS)	
CIR Reimbursed		Photocopy of Certifications (AS)	