



PLEASE PRINT CLEARLY

# Medicine Hat Soccer Association Registration Form – Indoor 2018-2019

Player's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Name Last Name M or F Month Day Year

Did players participate in the MHSA 2018 Outdoor Season?  Yes or  No

1. **COMMUNITY SOCCER (U4-U19)** \*\*Would you like to try out for RASC (U11-U19 only)?  Yes or  No

2. **CLUB SOCCER (Rattlers Academy Soccer Club) (U11-U19)** \*\*Players must try out for this program, additional fees apply  
\*\*Should you not be successful in making a RASC team, do you wish to be placed on a community team?  Yes or  No

Please Circle: Which Season are you registering for? **1<sup>st</sup> Season** **2<sup>nd</sup> Season** **Both Seasons**  
(Oct-Dec) (Jan-Mar) (Oct-Mar)

Medical Information (i.e. medical conditions affecting soccer): \_\_\_\_\_

### MAIN CONTACT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Please Confirm E-mail: \_\_\_\_\_

### ALTERNATE CONTACT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Your child's soccer experience depends on volunteer coach involvement.

\*\*Should we not have enough volunteer coaches for the number of teams we have, **we will ask the parents to volunteer\*\***

First & Last Name: \_\_\_\_\_ Phone: (C) \_\_\_\_\_ Email: \_\_\_\_\_

**Please Circle:**  Coach  Assistant Coach  Volunteer **Date of Birth:** (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ **Gender:** \_\_\_\_\_

**\*\*Mandatory for Registration with Alberta Soccer Association**

**Do you currently hold a valid Police Check?**  No or  Yes, I will submit a copy to the office or  Yes, the office has a copy

Remarks: \_\_\_\_\_

**PLEASE NOTE:** If you circle to coach or assistant coach, you will be placed on your child's team and will be notified with team and first game information before the start of the season.

#### Referee Interest: Would you or your child (12yrs and older) be interested in becoming a referee?

**Please Circle:**  YES  NO **Name:** \_\_\_\_\_

*Referee Courses for new refs offered only in the Spring, \*\* New Referee names will be kept on file for the Spring courses.*

### Parent/Guardian Waiver:

#### A. Uniforms:

I hereby agree and understand that any uniform issued to the above player is my sole responsibility and they must be returned cleaned and in good condition (as issued) or I will be invoiced \$50.00 for the cost of replacing the jersey. Should the jersey not be returned, and the invoice not paid, no further registrations will be accepted until either the jersey is returned, or the invoice is paid in full.

#### B. Refund Policy:

I acknowledge that I have read and understand the MHSA Refund Policy.

#### C. Recognition of Risk:

I hereby give permission for the above-named player to play soccer under the jurisdiction of the Medicine Hat Soccer Association. I recognize that soccer is a contact sport and that accidents and/or injuries to participants can result as part of the game. I hereby absolve, release, indemnify and save harmless the Medicine Hat Soccer Association, it's coaches, managers, and league officials from any claim for accident or injury which the above player may have as a result of participation in any type of soccer activity including travel.

#### D. Personal Information Protection Act (PIPA): (i.e. MHSA website, MHSA Facebook page, Medicine Hat News, etc.)

I DO give my consent to the publication of the registrant's name and/or images as related to soccer only.

I DO NOT give my consent to the publication of the registrant's name and/or images as related to soccer only.

#### E. Canada's Anti-Spam Legislation (CASL): \*Please note this includes mass emails regarding programs & upcoming registration information\*

I AGREE to receive emails containing information about MHSA Programs. You may withdraw your consent at any time.

I DO NOT AGREE to receive emails containing information about MHSA Programs.

#### F. ASA Central Registration – Information Collection Consent:

I hereby authorize the collection and use of personal information about me or my child/ward, including name, date of birth, email, gender, city, and postal code, for the purpose of administering soccer programs and receiving communications with regards to national, provincial, and local programs, events, and annual registration from my local, district, provincial (Alberta Soccer), and national (Canada Soccer) soccer bodies. **Information is collected under the authority of PIPA and will not be sold or distributed to any other third party not listed herein.**

Parent/Guardian: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*As per Board Policy, NO Special Requests will be granted\*\***

**\*\*Please EMAIL the office AFTER September 26<sup>th</sup> if you have not heard your first game information\*\***

#### Office Use Only (Please do not fill in)

Receipt # \_\_\_\_\_ Payment Date \_\_\_\_\_ Payment Method \_\_\_\_\_ Season \_\_\_\_\_