

2019 SUMMER RECREATIONAL & COMPETITIVE PROGRAMS

NORTH YORK COSMOS - 23A Railside Road North York, ON M3A 1B2 PLAYER REGISTRATION - SESSION FEE MUST ACCOMPANY REGISTRATION

First Name:	Last Name:			
Address:	City:		Postal Code:	-
Email Address:	il Address: Phone (Res.):			
Date of Birth Year:Month: Day: F	Health Card Number (optional)			
(M) ale (F) emale	lent Level: () Beginner	() Intermed	diate () Advanced	
 In consideration of the acceptance Association and Club, I, the parent I understand that my child/ward cannot pla has been entered in The Ontario Soccer As I have reviewed the participation agreemen I am aware of The Ontario Soccer Associat regulations and agree to abide by them and I accept sole responsibility for my child/wa 	n, Ontario Soccer Association ad/ward for the purpose of recitation, League and Club. Sent related to receiving commail to: Attention: OSA Privey Officer will advise the implibute your personal information ACCEPTANCE OF TERM of my child/ward's meaning and the sociation's computerized registrate at attached and my signature affixation, North York Soccer Associate to be bound by them.	n, North York Societying communications at any accy Officer, On lications of such ation to any other IS AND CONDIMBERS IN THE IS AND CONDIMENTAL THE I	y time by contacting the Ostario Soccer Association, withdrawal. THONS THE Ontario Soccer Association or third party not listed her TIONS THE Ontario Soccer Association of the Ostario Soccer Association of the Ostario Soccer Association form has been validated my agreement with such participants of Soccer Club and League of the Ostario Soccer Club and League of the Ostari	Soccer Association, SA Privacy Officer at 7601 Martin Grove erein.* ociation, District ee as follows: ed and the registration data cipation agreement. e bylaws, policies, rules and
I accept all liability for any damage to the playing equipment caused by my child/ward's careless, negligent and/or improper handling.No refunds				
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		
To Pay by Credit Card the following information is required: VISA □ MasterCard □				
Card Number:	Date	of expiry: Mo	nthYear	

Name Shown on Card: ______TOTAL (Fees & Merchandise)_____

ONTARIO SOCCER ASSOCIATION

PARTICIPATION AGREEMENT FOR THOSE UNDER 18 YRS

By Sig	ining this document you will waive certain legal rights, PLEASE READ CAREFULLY.			
Name	of Participant: Date of Birth			
	INSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of The Ontario Soccer Association, URE TO 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.				
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 UND	DERSTAND AND AGREE , on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document utes:			
5. 6. 7. 8.	I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards. 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. 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.			
Accide	ent Insurance			
	cuting this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Ontario Soccer ociation's insurance policy.			
By s	NOWLEDGE MAKING THIS AGREEMENT 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 all Agreement even if you have not read the agreement.			

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian