



NORTH SCARBOROUGH SOCCER CLUB

P/O Box 92065 – 2900 Warden Avenue, Scarborough, Ontario M1W 3Y8

Phone: 416 412 0866 or 416-697-8100

E-Mail: info@northscarboroughsoccer.com Website: northscarboroughsoccer.com

NSSC Development Soccer League

PLAYER INFORMATION

PLAYER Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

Province

Postal Code

Home Phone:

()

E-mail Address

Cell Number:

2nd E-mail Address

Birth Date:

(DD/MM/YYYY)

Gender:

Mother/Father:

PLAYING HISTORY

In order to assist in the balancing of the teams, please answer the following:

Played soccer before? ___ years. What level? House League ___ Rep ___ All Star ___

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, the Ontario Soccer Association, Scarborough Soccer Association, and NSSC to collect and use personal information about me or my child/ward for the purpose of receiving communications from the Ontario Soccer Association, District, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to: Attention: OSA Privacy Officer, Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4. 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 or my child/ward's membership in the Ontario Soccer Association, District Association and Club, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:

- I understand that I or 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.
- I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
- I am aware of The Ontario Soccer Association, Scarborough Soccer Association, NSSC and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
- I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
- I accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and/or improper handling.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Signature of Parent/Guardian/ Participant over 18 yrs

Date

Yes I wish to become a Voting Member of North Scarborough Soccer Club and enclose \$5.00 annual membership fee. The Annual General Meeting will be held November 2020. Time & Location TBA.

NSSC is managed solely by volunteers. To run an effective and enjoyable soccer program, we need your support.

I volunteer for:	Coach	Referee	Coordinator	Statistics	Convener	Sponsor	Other
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I am willing to Sponsor a:	House League Player	Rep. Player	House League Team	Rep. Team	All-Star Team
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Fees: \$230 (born 2014 & later). Early Bird \$220 (Deadline Mar 21/20)

\$240 (born 2013 & earlier). Early Bird \$230 (Deadline Mar 21/20)

Payable to: NORTH SCARBOROUGH SOCCER CLUB
Or E-Transfer: register@northscarboroughsoccer.com

For office use only

Fee paid Cheque# Cash

Received by _____ Date _____

Please see & sign on the reverse

PARTICIPATION AGREEMENT

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of The Ontario Soccer Association,

I ASSURE TO YOUTHAT:

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 minor/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:
 - Executing strenuous and demanding physical techniques in soccer;
 - Dryland 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 soccerequipment;
 - Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - 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 my child/ward may:
 - Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
 - Experience anxiety while challenging himself/herself during the activities, events and programs;
 - Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - Risk of injury is reduced if he/she follows all rules established for participation; and
 - 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:

- a. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
- b. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
- c. 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.
- d. 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

Signature of Participant (If aged 18 and over)

Signature of Parent/Guardian (If under 18)

Date

Receipt of Review of Concussion Awareness Resource

Thank you for completing your review of the Concussion Awareness Resource.

- Under *Rowan's Law*, your sport organization will ask you to confirm that you reviewed one of the Concussion Awareness Resources in this website (Ontario.ca/concussions) before you can register/participate in a sport.
- You must review one of the resources once a year, and then confirm that you have completed the review every time you register with a sport organization. If you want to use this form to show that you have reviewed the concussion awareness resource, you can provide the completed form to your sport organization(s).
- If you would like to have a record of your review of the concussion awareness resource, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.
- Once you complete this form, you can save it (to your personal device/computer) or print this page to share with your sport organization and/or to serve as a reminder of when to review the Concussion Awareness Resources again next year.

Receipt of Review

I, _____ (name) confirm that I have reviewed a Concussion Awareness Resource.

Signature

Date

Disclaimer: Your completion of this form will not constitute confirmation that you have reviewed the concussion awareness resources for the purpose of *Rowan's Law (Concussion Safety), 2018*. If you want to use this form to show that you have reviewed the concussion awareness resources, you must provide the completed form to your sport organization(s). This form will not be saved by the Government of Ontario and the Government of Ontario assumes no responsibility for confirming that you have reviewed the concussion awareness resource.