NORTH SCARBOROUGH SOCCER CLUB

P/O Box 92065 – 2900 Warden Avenue, Scarborough, Ontario M1W 3Y8
E-Mail: **register@northscarboroughsoccer.com**
Website: www.northscarboroughsoccer.com

2025 Outdoor Developmental Registration

PLAYER INFORMATION

PLAYER'S FULL NAME: _____
LAST *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *Province* *Postal Code*

Home Phone: ( ) _____ *Cell Phone:* ( ) _____

E-mail Address: _____

BirthDate:(MM/DD/YYYY) _____ **Gender**: _____

Mother/Guardian _____ Father/Guardian_____

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, the Ontario Soccer, *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, District, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OS Privacy Officer at **OSAPrivacyOfficer@soccer.on.ca** or by mail to: **Attention: OS Privacy Officer, Ontario Soccer, 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, District Association and Club, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:

1. 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's computerized registration system.
2. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of The Ontario Soccer, *Scarborough Soccer Association*, *NSSC* 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 or my child/ward's personal possessions and athletic equipment.
5. 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.

Refund Policy

Prior to League Start Date: Refund Minus $100 Administration Fees

NO REFUND AFTER LEAGUE START DATE

_____ _____
Signature of Parent/Guardian/ Participant over 18 yrs Date

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

Registration Fees:

FEES - $295

E-Transfer: **register@northscarboroughsoccer.com**

Or Cheque Payable to: **NORTH SCARBOROUGH SOCCER CLUB** **NSF Cheque is subject to $100 charge**

ONTARIO SOCCER

PARTICIPATION AGREEMENT

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

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.
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;
    - 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 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, 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's insurance policy.

I ACKNOWLEDGE MAKING THIS AGREEMENT

_____	_____	_____
Signature of Participant (**If aged18 and over**)	Signature of Parent/Guardian (If under 18)	Date

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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.