

Middlesex United

PLAYER REGISTRATION

PLEASE MAKE CHEQUES
PAYABLE TO
Middlesex United

January 29-30 and February 5-6 Gemini Sportsplex – Westcast Room
Friday 7:00pm to 9:00pm Saturday 10:00am to 4:00pm

1. PLAYER INFORMATION

MALE:

FEMALE:

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

Month Day Year

City/Town: _____ Postal Code: _____ Current Age: _____

Home Phone: _____ E-Mail Address: _____

2. PROOF OF AGE: Must provide Color Photo. IF new MU player, also need a Copy of Player's Birth Certificate.

3. CONSENT FOR EMERGENCY MEDICAL TREATMENT

Please note health restrictions: _____

CONSENT TO EMERGENCY MEDICAL TREATMENT: I hereby give consent for emergency medical care prescribed by a duty licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being.

Health Card Number: _____ Signature: _____

4. VOLUNTEER PARTICIPATION

Middlesex United is a volunteer organization and exist solely through the efforts of its volunteers and is dedicated to providing a quality opportunity to participate in the exciting game of soccer. Please do not hesitate because of lack of knowledge or experience; clinics are held to train volunteers.

Must advise which Tournament you will be able to assist with.

Competitive Tournament May 29 – 30 **Recreational Tournament June 5 - 6**

5. RELEASE – PLEASE READ CAREFULLY

I, the registrant, agree that I will abide by the rules of MU and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for MU accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify MU and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of participation in the programs.

Name (please print) _____ Signature _____

FOR OFFICE USE ONLY

REGISTRATION FEE: \$200.00

METHOD OF PAYMENT: CASH CHEQUE # _____

ONTARIO SOCCER ASSOCIATION

WAIVER AND RELEASE OF LIABILITY (To be signed by participants 18 yrs of age and older)

By signing this form you give up important legal rights. Please read carefully!

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

Disclaimer

The Ontario Soccer Association, Districts, Leagues and Clubs, their 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

In consideration of my 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;
- Injuries from dryland training including weights, running, and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes;
- Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces;
- Injuries from collisions with walls and soccer equipment;
- Injuries resulting from 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;
- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles;
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts;
- Injuries from 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.

Furthermore, I am aware:

- That injuries sustained in soccer can be severe;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

Release of Liability

In consideration of the Organization allowing me to participate, I agree:

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

Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant

Date

Signature of Participant