

STRATHROY SOCCER

PLAYER REGISTRATION FORM

JANUARY 29 & 30 - GEMINI SPORTSPLEX - FEBRUARY 5 & 6

- HOUSE-LEAGUE
Make cheques payable to
Strathroy-Caradoc Minor Soccer Association
- COMPETITIVE (L3-4-5-6)
Make cheques payable to Middlesex United

1. PLAYER INFORMATION

Mandatory wallet size-size COLOUR PHOTO is attached Yes / No

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

Month Day Year

City/Town: _____ Province: _____ Current Age: _____

Postal Code: _____ Home Phone: _____ Gender: Male - Female

E-Mail Address: _____

Father's Name: _____ Work Number: _____

Mother's Name: _____ Work Number: _____

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 (MINOR) As a Parent or Legal Guardian of the above named player. I hereby give consent for emergency medical care prescribed by a duly 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 of my dependant.

Health Card Number: _____ Signature: _____

4. VOLUNTEER PARTICIPATION

The Strathroy-Caradoc Minor Soccer Association and the Middlesex United Soccer Club are volunteer organizations 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. A Parent Meeting will be held for all teams without a volunteer coach. All potential coaching staff must complete, a Coaching Application and Volunteer Consent Disclosure Form, and forward to the Strathroy Soccer Club Head Coach for consideration.

Parent Volunteer Name: (Please print) _____

____ Coach ____ Assistant Coach ____ Manager ____ Team Sponsor ____ Tournament Volunteer

5. PARENT/GUARDIAN RELEASE – PLEASE READ CAREFULLY

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Strathroy Soccer and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Strathroy Soccer accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify Strathroy Soccer 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 the registrant as a result of the registrant's participation in the programs.

Name (please print) _____ Signature _____

FOR OFFICE USE ONLY

NUMBER OF PLAYERS REGISTERED: 1 PLAYER \$150.00 2 PLAYERS \$300.00 3 PLAYERS \$450.00

METHOD OF PAYMENT: _____ CASH CHEQUE # _____ Plus a post dated cheque in the amount of \$100 for each MU Player (April 30)

PLEASE NOTE: THERE WILL BE NO REFUNDS ON LOTTERY AMOUNTS – THERE WILL BE A \$50 CHARGE FOR NSF CHEQUES
OFFICIAL TAX RECEIPTS FOR MIDDLESEX UNITED PLAYERS WILL BE PROVIDED AFTER TEAM SELECTION

SOCCER

Participant's Agreement (To Be Used for Players Under the Age of 18)

Name of Participant: _____ Age (If under 18) _____

ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS

I participate in the game of soccer because it is physically and mentally challenging. 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 this activity. The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dry land 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 experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss, which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs, which might arise, out of my participation. In this Agreement 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.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Printed Name of Participant (If over the age of 13)

Signature of Participant (If over the age of 13)

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date