

$LSSC-ECSL\ \hbox{-}Competitive\ Player\ Registration\ Form\ \hbox{-}\ 2016\ Season$

	PERSONAL INFO	RMATION			
Full Name:					
Address:	Last	First	M.I.		
71441000.	Street Address		Apartment/Unit #		
	City	Province	Postal Code		
Home Phone:		siness Phone: ()			
Cell Number:	E-mail Addres	s:			
Birth Date: (y/m/d	OSA Registrant #		Gender:		
OHIP # (Optional	al): *OHIP N	umbers are optional to collect and an o	pptional field for this form*		
PLAYING HISTORY					
ATTENTION: The "PLAYING HISTORY" section MUST be completed – Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year. Has the player ever registered to play soccer in another country? Yes NO If Yes, answer the following questions: a) In which country (other than Canada) did the player last register? b) With which Club did the player last register in another country? c) In which year did the player last register in another country? c					
	CONSENT FOR USE OF PERS	SONAL INFORMATION			
I authorize the Canadian Soccer Association, Ontario Soccer Association ECSA and LaSalle Stompers to collect and use personal information about my child/ward for the purpose of receiving communications from the Canadian Soccer Association, 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 d	o not sell or distribute your personal informati		sted herein.		
ACCEPTANCE OF TERMS AND CONDITIONS In consideration of the acceptance of my child/ward's membership in the Ontario Soccer Association, District Association and Club, I, the parent/guardian (for participant under 18 years of age), agree as follows:					
 I understand that 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 participation agreement attached and my signature affixed hereto indicates my agreement with such participation agreement. I am aware of The Ontario Soccer Association, (insert name of your District Association), (insert name of your Club) 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 child/ward's personal possessions and athletic equipment. I accept all liability for any damage to the playing equipment caused by my child/ward's careless, negligent and/or improper handling. 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 Pa	rent/Guardian	 Date			
organization of the	TEAM DETAILS For C				
Club Name:	Team	•			
	eague Name: Division Name:				
Player Classification:					
Indoor:Mini IndoorYouth IndoorSenior IndoorPro IndoorMini FutsalYouth FutsalSenior FutsalPro Futsal					
Outdoor:Mini OutdoorYouth CompetitiveYouth RecreationalSenior CompetitiveSenior RecreationalPro Outdoor					
For use by CLUE Verification of Birt	REGISTRAR hdate: Birth Certificate Player Book Other	DISTRICT SIGNATURE			
		Date			
Date					

LaSalle Stomper Soccer Club - Competitive Player Registration Form

I authorize The Ontario Soccer Association to collect and use personal information about □ me □ my child/ward, including name, address, e-mail address, telephone number, cell phone number, sex, age, date of birth, health card number (optional), medical history (optional) and any other additional information required by the Club for its own needs for the following purposes:

- a) Receiving communications from The Ontario Soccer Association;
- b) Receiving information from The Ontario Soccer Association's sponsors;
- c) Ensuring appropriate age group and category;

d) Determining eligibility; e) Media relations and publishing sports information; f) In the case of medical emergencies: g) Determining membership demographics and program wants and needs; h) Player Identification/Recruitment; and i) Posting rosters, statistics, images and results on website of The Ontario Soccer Association I also authorize The Ontario Soccer Association to disclose $\ \square$ my $\ \square$ my child's/ward's personal Information to the Canadian Soccer Association, District Association, Leagues and Tournament Host Organizations for the purpose of annual demographic reporting, registration, posting competition information, organizational needs and to communicate with registrants about soccer programs, events and activities; ITSportsnet; and third party agent to solely facilitate direct mailings from The Ontario Soccer Association. I consent to The Ontario Soccer Association to take photographs, videotape, or digital recordings of \Box me \Box my child/ward and to use these in any and all media, including The Ontario Soccer Association's Web site and LSSC Website and facebook page. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting The Ontario Soccer Association's Privacy Officer at 905 264 9390 or email at OSAprivacyOfficer@soccer.on.ca of the City of and Province of Ontario, am fully informed as to the contents of this consent and understand the full import of powers to The Ontario Soccer Association, solemnly declare that I am of legal age and have authority and capacity to bind myself my child/ward and have executed this consent voluntarily. Signature Date In consideration of the acceptance of my membership in The Ontario Soccer Association, I, the participant and parent/guardian if under 18, agree as follows: 1. I Understand that I cannot play in any sanctioned soccer game until this registration form has been validated and the Registration data has been entered in The Ontario Soccer Associations computerized registration system. 2. I have reviewed the waiver/participation agreement attached and my signature affixed here to indicates my agreement with such waiver/participation agreement. 3. To abide by the published rules of The Ontario Soccer Association, The Essex County Soccer Association, my League and my Club. 4. I am aware of The Ontario Soccer Association and ECSA's published rules and agree to be bound by them.

5. I am sole responsibility for my/child/ward personal possessions and athletic equipment.

I hereby accept the terms and conditions as described above. (Initial)

Signature of Parent (if under 18)

6. I accept liability for any damage to the playing equipment caused by my 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

Witness

agreement voluntarily. Name of Participant Signature of Participant Witness Date

Date

LaSalle Stomper Soccer Club - Competitive Player Registration Form ONTARIO SOCCER ASSOCIATION

PARTICIPATION AGREEMENT

FOR THOSE UNDER 18 YRS

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Nam	ne of Participant:	Age	Date of Birth
	ONSIDERATION of allowing my minor child/ward to participate in the programs cer Association, I ASSURE TO YOU THAT:	s, activiti	es and events of The Ontario
2.	I am the parent/guardian of the above named participant having full legal above named participant. I believe that my child/ward is physically, emotionally and mentally able to events of The Ontario Soccer Association. I hereby acknowledge that I am aware of the risks and hazards associated hazards include, but are not limited to injuries from: a. Executing strenuous and demanding physical techniques in soccer;	participa	ate in the programs, activities and
	 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 failurg. Extreme weather conditions which may result in heatstroke, sunstroke or hy h. Contact, colliding or being struck by other participants, spectators, equipme 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 organization's activities. 	ypotherr ent or ve	nia; hicles;
4.	Furthermore, I am aware that my child/ward may:		
	 a. Sustain injuries in soccer that can be severe, cause spinal cord injuries ar b. Experience anxiety while challenging himself/herself during the activities, c. Come into close contact with other participants, including the possibility of d. Risk of injury is reduced if he/she follows all rules established for participants e. Risk of injury increases as he/she become fatigued. 	events a	and programs; ntal and unexpected contact;
	DERSTAND AND AGREE , on behalf of myself, my heirs, assigns, personal reprise document constitutes:	resentat	ives and next of kin that my signing
6. 7.	I am registering my child/ward willingly and my child/ward is participating programs. I agree that there are risks in soccer as described above and my child/ward will agree to accept all these risks and hazards and be responsible for any injuring might receive while participating in these events, activities and programs. If something happens to my child/ward, I release the Organizers of responsit costs which might arise out of my child/ward's participation. I understand "Association, District Associations, Leagues, Clubs and their directors, of officials, participants, clubs, agents, sponsors, owners/operators of facilities, a	ill be ex ry or oth pility for Organiz ficers, i	posed to these risks and hazards. ner loss which my minor child/ward any claims, demands, actions and ers" to mean: The Ontario Soccer members, employees, volunteers,
Exec	ident Insurance cuting this agreement will not preclude you from accident insurance coverage, s ario Soccer Association's insurance policy.	ubject to	o the terms and conditions of The
	KNOWLEDGE MAKING THIS AGREEMENT		
By s	igning and dating below, you agree that you are the parent or legal guardian nd by this Legal Agreement even if you have not read the agreement	n of the	player being registered and to be
Print	ed Name of Parent or Guardian Signature of Parent or Guardian		Date