

# WALDEN MINOR SOCCER ASSOCIATION 2011 SEASON LATE REGISTRATION FORM

**LATE REGISTRATION FEE: \$105**

**To be completed by WMSA representative:**

Method of payment: CASH / CHEQUE # \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

WMSA Receipt #: \_\_\_\_\_

Registered for **U** \_\_\_\_\_

## Player's Personal Data

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female

Street: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (yyyy-mm-dd)

Parent's Names: \_\_\_\_\_ E-mail: \_\_\_\_\_

Request to play with **ONE** other player: \_\_\_\_\_ *We cannot guarantee requests can be met.*

Any medical condition your child's coach should be aware of:  Yes  No

If Yes, please specify: \_\_\_\_\_

Approximately, how many years has your child played soccer? \_\_\_\_\_

Has your child ever played for a team outside of Canada?  Yes  No

## Waiver/Participation Agreement

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities and events of The Walden Minor Soccer Association, **I ASSURE TO YOU THAT:**

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 child/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:
  - a. Executing strenuous and demanding physical techniques in soccer;
  - 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 failure of any piece of equipment;
  - g. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
  - h. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
  - 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 events which are an integral part of the organization's activities.
4. Furthermore, I am aware that my child/ward may:
  - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
  - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
  - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
  - d. Risk of injury is reduced if he/she follows all rules established for participation; and
  - e. Risk of injury increases as he/she become fatigued.

(continued next page...)

**I am willing to Coach or be Assistant Coach:** Name: \_\_\_\_\_ Tel: \_\_\_\_\_

*Please also complete a coach registration form - required for all volunteers who are on the field.*

Please contact me about other volunteer opportunities. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

*(e.g. banquet assistance (set-up, take down, serving); convenor; field manager; executive; inventory assistance, etc.)*

**Waiver/Participation Agreement (cont'd)**

**I UNDERSTAND AND AGREE**, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

1. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
2. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
3. 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.
4. 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**

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

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**Consent for Use of Personal Information**

I authorize the Associations and IT Sportsnet (holder of the registration system) to collect and use personal information about my child/ward, including name, address, e-mail, telephone number, sex, age, date of birth, medical conditions, uniform number, feedback from coaches, and statistics for the following purposes:

- Determining eligibility, ensuring appropriate age group and category
- To ensure coaches and assistant coaches are aware of any medical conditions and in case of medical emergencies
- Determining membership demographics, annual demographic reporting and for the purpose of registration
- Media relations, marketing and publishing sports information, including photographs, videotape or digital recordings and results in print and on designated websites (e.g. OSA website; Sudburysports.com)

I understand that I may withdraw consent to the collection, use or disclosure of my child's personal information at any time by contacting the WMSA at waldenminorsoccer@gmail.com.

I agree that I am fully informed as to the contents of this consent and understand the full import of powers to the Associations and IT Sportsnet, solemnly declare that I am of legal age and have authority to bind my child/ward and have executed this consent voluntarily.

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**Acceptance of Terms and Conditions**

I agree as follows:

1. I have reviewed the Waiver/Participation Agreement and the Consent of Use of Personal Information above and my signature affixed hereto indicates my understanding and agreement.
2. Rules for participation and proper conduct on or about the field that must be followed have been established. (Please read the *2011 Handbook for Coaches and Parents* which is posted on [www.waldenminorsoccer.ca](http://www.waldenminorsoccer.ca)). I agree to abide by these rules and standards of conduct set forth by the Associations and ensure my child does the same.
3. I am solely responsible for my child's personal possessions and athletic equipment.
4. I accept all liability for any damage to the playing equipment and facilities caused by me or my child's/ward's careless, negligent and/or improper handling or actions.
5. All players must be paid in full in advance of the season start date on May 25, 2011 and that my child cannot play in any sanctioned practice, scrimmage or game until such time as my registration and payment has been received and registered by the WMSA, and that the registration data has been entered in the Ontario Soccer Association's computerized registration system.
6. A \$15 non-refundable administration charge will be applied to NSF cheques and refunds. See *2011 Handbook for Coaches and Parents* concerning refund timeframes and rates.
7. A \$25 non-refundable late registration fee applies after April 3, 2011.

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:

Print Name

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Signature

RELATIONSHIP TO CHILD

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**Registration Form must be signed by Parent or Guardian. Otherwise, it cannot be accepted.**