

MAPLE LEAF SOCCER - 2010 – Friday Night - 30+ Mixed League

PLEASE PRINT ALL INFORMATION

Rate: \$80 Paid by: CHEQUE # _____ CASH _____

(Payable to Maple Leaf Soccer Club)

Full Name: _____ / _____
First Name Last Name

Address: _____ / _____ / _____ / _____ / _____
Street Address Apartment #. City Province Postal Code

Date of Birth: _____ / _____ / _____ Gender: M F Phone #: _____ / _____ / _____
Year Month Day

E-Mail: _____ Cell #: _____ / _____ / _____

TEAM DETAILS

For transportation purposes please TRY to place me on this person(player) team: _____
Other than transportation requests teams will be picked randomly.

IMPORTANT: IN ORDER TO HONOR THE REQUEST TO PLAY WITH A FRIEND THE REQUEST MUST ALSO BE ON THE FRIEND'S APPLICATION. REQUESTS WILL NOT BE HONORED UNLESS THEY ARE RECIPROCAL. EVEN IF RECIPROCAL THERE ARE NO GUARENTEES.

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:

- In which country (other than Canada) did you last register? _____
- With which Club did last register in another country? _____
- In which year did you last register in another country? _____

CONSENT FOR USE OF PERSONAL INFORAMTION

I authorize The Canadian Soccer Association, The Ontario Soccer Association, East Central Ontario Soccer Association and Maple Leaf Soccer Club to collect and use personal information about me for the following purpose of receiving communications from The Ontario Soccer Association, District Association, Club and League.

I understand that I may withdraw consent to collection, use or disclosure of my personal information at any time by contacting the **OSAPrivacyOfficer@soccer.on.ca** or by mail to: **Attention of the OSA Privacy Officer, The Ontario Soccer Association, 7601 Martin Grove Rd. 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. *

ACCEPTENCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in The Ontario Soccer Association, District Association and Club, I, the participant agree as follows:

- 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 Association's computerized registration system.
- I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
- I am aware of The Ontario Soccer Association, East Central Ontario Soccer Association, and Maple Leaf S.C. 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 personal possessions and athletic equipment.
- I accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.

Player photos may be taken and posted on the Maple Leaf website or used in the newspaper.
Please initial at right to indicate you do not wish to have your photo used.

Initials – do NOT use photos

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Signature of Participant

Date

Note: Club must retain copy of the player registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request.

Club Registrar Signature: _____ Date: _____

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Participant's Agreement for Players 18 and over

By signing this document you will waive certain 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, their Districts, This Leagues and Clubs. The undersigned acknowledges and agrees to the following terms.

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.

Disclaimer

The Ontario Soccer Association, East Central Ontario Soccer Association, Leagues, Clubs and their directors, officers, members, employees, 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

- a. Executing strenuous and demanding physical techniques in soccer;
- b. Dry land 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. Spinal cord injuries which may render me permanently paralyzed;
- h. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
- i. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
- j. Vigorous physical exertion and strenuous cardiovascular workouts;
- k. Exerting and stretching various muscle groups; and
- l. 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:

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

Release of Liability

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

- To assume all risks arising out of, associated with or related to my participation;
- To be solely responsible for any injury, loss or damage that I might sustain while Participating; and
- To release the Organization from liability for any and all claims demands, actions and costs that might rise 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 heirs, executors, administrators, representatives and myself.

Printed Name

Signature of Participant

Date