



2012 Masters Women Soccer Registration Form

Use a single form for each player

MEMBER/PLAYER INFORMATION

NAME:

First Name _____

Last Name _____

BIRTH DATE:

yyyy/mm/dd _____

ADDRESS:

Street _____

City _____

Postal Code _____

CONTACT :

Home Phone _____

Work Phone _____

Cell Phone _____

Valid Email Address _____

MEDICAL:

List Medical Limitations _____

OHIP # _____

CONTACT INFORMATION

This information will be used by the club to contact you and send you newsletters via email

Spouse or Partner _____

Home Phone _____

Valid Email Address _____

Other Contact _____

Home Phone _____

Valid Email Address _____

VOLUNTEERING:

- Yes I would like to volunteer for the West Hamilton Youth Soccer Club as an executive
- Yes I would like to volunteer for the West Hamilton Youth Soccer Club as a coach (please complete coaching application)
- Yes I would like to volunteer for the West Hamilton Youth Soccer Club as a general volunteer (excludes coaching)

SPONSORSHIP

- Yes I would like to sponsor a house league West Hamilton Youth Soccer Club team (please contact me with more information)
- Yes I would like to sponsor a competitive West Hamilton Youth Soccer Club team (please contact me with more information)

Name _____

Phone Number _____

Email _____

Masters Women Soccer

\$120.00

- Make cheque payable to: West Hamilton Youth Soccer Club :: NSF Charge: \$40
- **No Refunds past May 15th 2012 – Refunds prior at subject to \$40 fee**
- No discounts for Men or Women's Open Division registrations
- Proof of age must accompany registration for new members only
- Shin pads are mandatory for protection and safety and are not included in price.
- Acceptance to a team is on a first come first served basis, subject to availability, determined by the date the registration is received.
- Cost of registration includes a full uniform a composite team photo
- Play together requests will follow club policy

THE CLUB WILL BE OFFERING, IN ADDITION TO HOUSE LEAGUE, A COMPETATIVE STREAM OF SOCCER IN THE FORM OF HOUSE LEAGUE ALL STAR** AND/OR SELECT SOCCER BASED ON INTEREST. THESE WILL BE COMPETATIVE DIVISIONS, WITH ADDITIONAL PRACTICES, ADHERE TO A FAIR PLAY POLICY NOT EQUAL PLAY AND WILL INVOLVE TRAVEL (THE RESPONSIBILITY OF THE GUARDIAN) AND ADDITIONAL COSTS. IF YOU ARE INTERESTED PLEASE INDICATE HERE AND INCLUDE A VALID EMAIL ADDRESS ABOVE, WHERE POSSIBLE, AND WE WILL BE IN TOUCH DURING THE OFFSEASON. **HOUSE LEAGUE ALL STARS WILL PRACTICE FRIDAY NIGHTS

Agreement:

I agree to abide by the Published Rules of the Ontario Soccer Association, Hamilton District Soccer Association, my League and the West Hamilton Youth Soccer Club. We/I have read, signed and included page 2 of this application containing the consent and waiver portions of this application

Printed Name _____

Signature _____

Date _____

Club Use Only:

Amount Received: _____

Cheque No.: _____

Bank: _____

Proof of Age. Rec'd: _____

OSA ID #: 373708

Notes:



Consent for Use of Personal Information

I authorize West Hamilton Youth Soccer Club to collect and use personal information about me and my child/ward, including name, address, e-mail, 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:

- Receiving communications from the West Hamilton Youth Soccer Club;
- Receiving information from the West Hamilton Youth Soccer Club's sponsors;
- Ensuring appropriate age group and category;
- Determining eligibility;
- Media relations and publishing sports information;
- In the case of medical emergencies;
- Determining membership demographics and program wants and needs;
- Player identification/recruitment; and
- Posting rosters, statistics, images and results on the website of the West Hamilton Youth Soccer Club

I also authorize the West Hamilton Youth Soccer Club to disclose my and my child's/ward's personal information to the Canadian Soccer Association, Ontario Soccer Association, Hamilton and 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.

I consent to the West Hamilton Youth Soccer Club to take photographs, videotape, or digital recordings of me and my child/ward and to use these in any and all media, including the West Hamilton Youth Soccer Club website.

I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the West Hamilton Youth Soccer Club.

Waiver/Participation Agreement

Name of Participant: _____

Age (If under 18) _____

ALL SPORT, INCLUDING SOCCER, HAS ITS RISKS

Age as of April 01 2012

I participate in the sport 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 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 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 or 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 touching;
- That I may experience anxiety while challenging myself during the activities;
- 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: Ontario Soccer Association, its directors, officers, members, employees, volunteers, officials, participants, District Association, League, Clubs, agents, sponsors, owners/operators of the facility, and representatives.

NSF & REFUND POLICY

All NSF payments will be charged a \$40 NSF charge, and must be paid in full prior to your child participating in the season's events. No Refunds past May 15th 2012 – Refunds Prior are subject to \$40 fee. ** (medical exceptions will be considered)

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

Signature

Date