



RAMARA YOUTH SOCCER CLUB



P.O. Box 742
Orillia, Ont. L3V 6K7

www.ramarasoccerclub.ca

2010 TRAVELLING REGISTRATION FORM

Contacts: Jana 484-1035; Sandra 689-2240; Sue 327-7031; Suzy 326-0359

Date of Birth _____ / _____ / _____
Day Month Year

Name of Participant: _____ Male ___ Female ___

Address: _____

Postal Code: _____ Phone # _____

Parents/Guardians name: _____

Email: _____

Health Concerns: _____

OUR LEAGUE RELIES ON VOLUNTEERS Would you be willing to:
Coach _____, Assist Coach _____, Referee _____, Field Maintenance _____, Other _____

Notice of Warning: We have tried to create a safe environment for the participants but, as in any sport, there is a potential risk for injury while training or playing, we require a parent/guardian to be present during games and practices.

PERMISSION TO PLAY: I hereby give permission for the above named registrant to participate in all soccer related activities sanctioned by RYSC. RYSC is not liable for injuries sustained during activities sanctioned by the RYSC during the current season.

I agree to allow RYSC to publish players names/pictures in local newspapers & allow OSA, HDSA, and SCYSL to use registration data info to administer Soccer activities within their jurisdictions.

I hereby agree that I will abide by the published rules of the O.S.A

MEDICAL PERMISSION: If in the event of an injury which appears to be serious at any activity sanctioned by the CLUB and during which the parent or guardian is not in attendance and cannot be reached by phone, the coach or other persons supervising the activity may authorize immediate medical attention by qualified persons.

Transportation Release: I hereby release the above named CLUB, their coaches, managers, trainers, parents, and other authorized persons from liability for injury or death arising from transporting the child named above to or from activities sanctioned by the CLUB.

PLEASE TAKE NOTE:

Team uniforms are supplied and will be kept by the player at the end of the season.

Shin pads must be worn. Cleats recommended.

Travelling Fee \$175.00 each (includes cost of players book/processing)

Late fee \$25.00 after March 20th. NSF charges will apply for returned cheques.

Refunds will be given, less \$20.00 administration fee.

Requests to be made at the time of registration - no guarantees.

Signature: _____ Dated: _____

FOR OFFICE USE ONLY:

Paid by: Cash _____ Cheque _____ Other _____ Total \$ _____ Do you have a
Player's OSA # _____ Players Book?

Received by: _____ Receipt _____ yes no

Registration Refund: _____ (circle)

Checked for missing information on registration form _____ Birth certificate checked _____

ONTARIO SOCCER ASSOCIATION

PARTICIPATION AGREEMENT

FOR THOSE UNDER 18 YRS

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

Name of Participant: _____ Age _____ Date of Birth _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of The Ontario 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 minor/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.

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

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
7. 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.
8. 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

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 Parent or Guardian

Signature of Parent or Guardian

Date