# ONTARIO SOCCER REGISTRATION FORM

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| REGISTRANT INFORMATION | |
| FIRST NAME: LAST NAME: | |
| ADDRESS: | |
| CITY: PROVINCE: POSTAL CODE: | |
| PHONE NUMBER: EMAIL ADDRESS: | |
| DATE OF BIRTH: (Y/M/D) REGISTRATION NUMBER: | |
| REGISTERING AS A: X☐ PLAYER ☐ TEAM OFFICIAL (COACH, MANAGER, ETC.)  REGISTERING AS A: ☐ ADMINISTRATOR or VOLUNTEER | |
| TEAM / ORGANIZATION DETAILS | |
| ORGANIZATION NAME: PETERBOROUGH CITY SOCCER ASSOCIATION | |
| SEASON TYPE REGISTERING FOR: ☐ INDOOR ☐ OUTDOOR ☐ FUTSAL | |
| PLAYER CLASSIFICATION:  INDOOR: ☐GRASSROOTS ☐ YOUTH ☐ SENIOR  OUTDOOR: ☐GRASSROOTS ☐ YOUTH REC. ☐ YOUTH COMP. ☐SR. REC. ☐ SR. COMP. | |
| TEAM NAME: LEAGUE NAME: | |
| DIVISION NAME: | |
| PLAYING HISTORY – FOR PLAYERS ONLY | |
| Has the player **ever** registered to play soccer in another country? ☐Yes ☐No  If yes, answer the following questions:   1. In which country (other than Canada) did the player last register? 2. With which Club did the player last register in another country? 3. In which year did the player last register in another country? | |
| CONSENT FOR USE OF PERSONAL INFORMATION | |
| I authorize the Canadian Soccer Association, \*Ontario Soccer, the applicable District Association and Soccer Organization to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer, District Association, League and Soccer Organization. I understand that I may withdraw such consent related to receiving communications at any time by contacting the Ontario Soccer Privacy Officer at privacy@ontariosoccer.ca or by mail to: Attention: Privacy Officer, Ontario Soccer, 7601 Martin Grove Road, 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.\** | |
| ACCEPTANCE OF TERMS AND CONDITIONS | |
| In consideration of the acceptance of my or my child/ward’s membership in the Ontario Soccer, District Association and Club/Academy, I, the participant, agree as follows:   1. I understand that I cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in Ontario Soccer’s computerized registration system. 2. I have read and understand the waiver attached and my signature affixed hereto indicates my agreement with such waiver. 3. I am aware of Ontario Soccer, District Association and Club/Academy’s and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them. 4. I accept sole responsibility for my personal possessions and athletic equipment and accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling. 5. I grant permission to the Organization to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape and to use this material to promote the sport of soccer and the Organizations through the media of newsletters, websites, television, film, radio, print and/or other form. I understand I waive any claim to remuneration for use of audio/visual materials used for these purposes.   By signing and dating below you agree that you are the player being registered and to be bound by this Legal Agreement even if you have not read this agreement.  Registrant’s Signature or Parent/Legal Guardian if under 18 DATE: | |
| **DOCUMENTATION HAS BEEN VALIDATED BY ORGANIZATION**  SIGNATURE : DATE: | **DISTRICT ASSOCIATION/ONTARIO SOCCER VALIDATION**  SIGNATURE: DATE: |

**ONTARIO SOCCER**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

*(To be signed by Participants of the age of majority and over)*

**WARNING! By signing this document, you will waive certain legal rights. Please read carefully.**

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a Participant in activities, programs, classes, services provided and events sponsored or organized by Ontario Soccer and its affiliated districts, leagues, clubs and teams and the sport of soccer, including but not limited to: games, tournaments, practices, training, personal training, dry land training, use of strength training and fitness conditioning equipment, machines and facilities, nutritional and dietary programs, orientational or instructional sessions or lessons, aerobic and anaerobic conditioning programs (collectively the “Activities”), the undersigned acknowledges and agrees to the following terms outlined in this agreement:

# Disclaimer

1. Ontario Soccer, its affiliated districts, leagues, clubs and teams, and their respective directors, officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, independent contractors, subcontractors, sponsors, owners/operators of the facility in which the Activities take place, , successors and assigns, and representatives (the “Organization”) are not responsible for any injury, property damage, expense, loss of income, damage or loss of any kind suffered by a Participant during, or as a result of, the Activities, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

* ***I have read and agree to be bound by paragraphs 1 and 2.***

# Description of Risks

1. I understand and acknowledge that
2. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life;
3. The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming;
4. The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of my fitness or abilities, may misjudge weather or environmental conditions, may give incomplete warnings or instructions, and the equipment being used might malfunction; and
5. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that the Participant will not become infected with COVID-19. Further, attending the Activities could increase your risk of contracting COVID-19.
6. I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities which could result in damage, loss, serious physical injury, or death. The risks, dangers and hazards include, but are not limited to, injuries from:
   1. Health: executing strenuous and demanding physical techniques, physical exertion, overexertion, stretching, dehydration, fatigue, cardiovascular workouts, rapid movements and stops, lack of fitness or conditioning, traumatic injury, bacterial infections, rashes, and the transmission of communicable diseases, including viruses of all kinds, COVID-19, bacteria, parasites or other organisms or any mutation thereof.
   2. Premises: defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, walls, equipment or persons; dangerous, unsafe, or irregular conditions on grass, turf or other surfaces, extreme weather conditions; travel to and from premises
   3. Use of Equipment: mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by the Organization to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within my own ability.
   4. Contact: contact with soccer balls, other equipment, poles, stands, soccer equipment, nets, fences, or other persons, whether intentional or unintentional, is a common part of soccer programs, and may lead to serious bodily injury, including but not limited to concussions and/or other brain injury, or serious spinal injury.
   5. Advice: negligent advice regarding soccer programs
   6. Ability: Failing to act safely or within my own ability or within designated areas
   7. Sport: the game of soccer and its inherent risks
   8. Conduct: My conduct and conduct of other persons including any physical altercation between soccer participants
   9. Travel: Travel to and from the Activities
   10. Negligence: My negligence and negligence of other persons, including NEGLIGENCE ON the PART OF THE ORGANIZATION, may increase the risk of damage, loss, personal injury or death. I understand that the Organization may fail to safeguard or protect me from the risks, dangers and hazards of soccer programs, some of which are referred to above.

**Terms**

1. In consideration of the Organization allowing me to participate in the Activities, I agree:
2. That my mental and physical condition is appropriate to participate in the Activities and I assume all risks related to my mental or physical condition;
3. That when I practice or train in my own space, I am responsible for my surroundings and the location and equipment that I select;
4. To comply with the rules and regulations for participation in the Activities;
5. To comply with the rules of the facility or equipment;
6. That if I observe an unusual significant hazard or risk, I will remove myself from participation and bring such to the attention of a The Organization representative immediately;
7. The risks associated with the Activities are increased when I am impaired, and I agree not to participate if impaired in any way;
8. That it is my sole responsibility to assess whether any Activities are too difficult for me. By commencing an Activity, I acknowledge and accept the suitability and conditions of the Activity;
9. That I am responsible for my choice of protective equipment and the secure fitting of that equipment; and
10. That COVID-19 is contagious in nature and I may be exposed to or infected by COVID-19 and such exposure may result in personal injury, illness, permanent disability or death and voluntarily agree to assume all the foregoing risks.

* ***I have read and agree to be bound by paragraphs 3 -5.***

**Release of Liability and Disclaimer**

1. In consideration of the Organization allowing me to participate in the Activities, use its equipment and facilities, I agree:
2. That the sole responsibility for my safety remains with me;
3. To ASSUME all risks arising out of, associated with or related to my participation;
4. That I am not relying on any oral or written statements made by the Organization or its agents, whether in a brochure or advertisement or in individual conversations, to agree to be involved in the Activities;
5. To WAIVE any and all claims that I may have now or in the future against the Organization;
6. To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the activities, events and programs of the Organization;
7. To FOREVER RELEASE AND INDEMNIFY the Organization from any and all liability for any and all claims, demands, actions, damages (including direct, indirect, special and/or consequential), losses, actions, judgments, and costs (including legal fees) (collectively, the “Claims”) which I have or may have in the future, that might arise out of, result from, or relate to my participation in the Activities, even though such Claims may have been caused by any manner whatsoever, including but not limited to, the negligence, gross negligence, negligent rescue, omissions, carelessness, breach of warranty, breach of contract and/or breach of any statutory duty of care of the Organization;
8. TO HOLD HARMLESS AND INDEMNIFY the Organization from any and all liability for any damage, loss, expense or injury to any third party resulting from my participation in the Activities.
9. To FOREVER RELEASE AND INDEMNIFY the Organization relating to becoming exposed to or infected by COVID-19 which may result from the actions, omission or negligence of myself and others, including but not limited to the Organization;
10. That the Organization is not responsible or liable for any damage to my vehicle, property, or equipment that may occur as a result of the Activities;
11. That negligence includes failure on the part of the Organization to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with the Activities; and
12. This release, waiver and indemnity is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

**Jurisdiction**

1. I agree that in the event that I file a lawsuit against the Organization, I agree to do so solely in the province of Ontario, Canada and further agree that the substantive law of Ontario will apply without regard to conflict of law rules. I further agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**€ *I have read and agree to be bound by paragraphs 6-7.***

**Acknowledgement**

1. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the Organization on the basis of any claims from which I have released herein.

# Acknowledgement

1. I acknowledge that I have read this agreement and understand it, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

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Name of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Witness

# Peterborough City Soccer Association

# Concussion Code of Conduct for Athletes (up to 26) and Parents/Guardians (of athletes under 18 years of age)

This is our Concussion Code of Conduct for athletes and parents/guardians that will be used by our sport organization in Ontario. Items marked with an asterisk \* are mandatory by O.Reg. 161/19: General (Rowan’s Law).

## **I will help prevent concussions by:**

* Wearing the proper equipment for my sport and wearing it correctly.
* Developing my skills and strength so that I can participate to the best of my ability.
* Respecting the rules of my sport or activity.
* My commitment to fair play and respect for all\* (respecting other athletes, coaches, team trainers and officials).

## **I will care for my health and safety by taking concussions seriously, and I understand that:**

* A concussion is a brain injury that can have both short- and long-term effects.
* A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
* I don’t need to lose consciousness to have had a concussion.
* I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.\* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
* Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

## **I will not hide concussion symptoms. I will speak up for myself and others.**

* I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience any symptoms of concussion.
* If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
* I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
* I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete’s school and any other sport organization with which the athlete has registered\* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover).

## **I will take the time I need to recover, because it is important for my health.**

* I understand my commitment to supporting the return-to-sport process\* (I will have to follow my sport organization’s Return-to-Sport Protocol).
* I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
* I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

### **By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.**

**Athlete (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of athlete age 18-26: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian**

**(for athletes who are under 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_**