# 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 ☐ SENIOROUTDOOR: ☐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 ☐NoIf 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?
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| 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**

**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**

***(To be executed by Participants under the age of majority)***

**WARNING! By signing this document, you will assume certain risk and responsibilities. Please read carefully!**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 (collectively the “Organization”) 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 being the Participant and Participant’s Parent/Guardian (collectively the “Parties”) acknowledges and agrees to the following terms outlined in this agreement:
2. I am the Parent/Guardian of the Participant and have full legal responsibility for the decisions of the Participant.

**Description of Risks**

1. The Parties 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 the Participant’s fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, 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. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers and hazards. The risks, dangers and hazards include, but are not limited to:
7. Contracting COVID-19 or any other contagious disease;
8. Executing strenuous and demanding physical techniques;
9. Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
10. Exerting and stretching various muscle groups;
11. The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
12. Spinal cord injuries which may render the Participant permanently paralyzed;
13. Serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the Participant’s body or to the Participant’s general health and well-being;
14. Abrasions, sprains, strains, fractures, or dislocations;
15. Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma;
16. Physical contact with other participants, spectators, equipment, and hazards;
17. Not wearing appropriate safety or protective equipment, such a helmet;
18. Failure to act safely or within the Participant’s ability or within designated areas;
19. Grass, turf, and other surfaces including bacterial infections and rashes;
20. Collisions with fences, poles, stands, and soccer equipment;
21. Negligence of other persons, including other spectators, participants, or employees;
22. Weather conditions; and
23. Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities

€ ***We have read and agree to be bound by paragraphs 1-4***

**Terms**

1. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
2. That the Participant’s mental and physical condition is appropriate to participate in the Activities;
3. That when the Participant practices or train in his or her own space, the Parties are responsible for the Participant’s surroundings and the location and equipment that is selected for the Participant;
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 the Participant observes an unusual significant hazard or risk, the Participant will remove themselves from participation and bring such to the attention of an Organization representative immediately;
7. The risks associated with the Activities are increased when the Participant is impaired and the Participant agrees not to participate if impaired in any way;
8. That it is their sole responsibility to assess whether any Activities are too difficult for the Participant. By the Participant commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity;
9. That they are responsible for the choice of the Participant’s protective equipment and the secure fitting of the protective equipment;
10. That COVID-19 is contagious in nature and the Participant 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 of the foregoing risks.
11. In consideration of the Organization allowing the Participant to participate, the Parties agree:
12. That the Parties are not relying on any oral or written statements made by the Organization or their agents, whether in brochure or advertisement or in individual conversations, to agree to be involved in the Activities; and
13. That the Organization is not responsible or liable for any damage to the Participant’s vehicle, property, or equipment that may occur as a result of the Activities.

€ ***We have read and agree to be bound by paragraphs 5-6***

**General**

1. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the province of Ontario, Canada and they further agree that the substantive law of Ontario will apply without regard to conflict of law rules.
2. The Parties expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement**

1. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

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Name of Participant (print) Signature of Participant Date of Birth

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

Name of Parent or Guardian (print) Signature of Parent or Guardian

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

Date

# 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 an 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_**