



GREATER SUDBURY SOCCER CLUB

2019 FALL INDOOR SESSION REGISTRATION

WWW.GSSC.CA

EMAIL AND E-TRANSFERS – INFO@GSSC.CA



<p>This form can only be processed if: It is completed in full and signed with a valid payment method. A \$40 NSF fee is applicable A \$25 Late Fee will be applied after Oct 15th NO REFUNDS after Oct 25th Only ONE Team request will be accepted</p>	<p>Fees: U4 (Once / week) - \$125 U6 to U16 (2X a week) – \$190 (1 Practice and 1 Game) Cheque payable to: “Greater Sudbury Soccer Club”</p>	<p>Office Use Only Cash: _____ Cheque #: _____ E-Transfer: _____ Amount: _____ GSSC Receipt #: _____ Received by: _____</p>
--	--	--

PLAYER INFORMATION: PLEASE PRINT

LAST NAME:	FIRST NAME:
------------	-------------

ADDRESS:

City:	Postal Code:
-------	--------------

DATE OF BIRTH: YEAR MONTH DAY	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
--	--

Does the player have any medical concerns or allergies: Yes No
(If yes please provide details)

Parent or Guardian Name:	Contact #:
--------------------------	------------

Parent or Guardian Name:	Contact #:
--------------------------	------------

Primary email:	Alternate email:
----------------	------------------

Emergency Contact:	Contact #:
--------------------	------------

Did player play organized soccer in 2019: Yes No

If YES where: Sudburnia Valley East Nickel Centre Walden GSSC Other

Player Jersey size: **YOUTH SIZES** - YXS YS YM YL YXL
ADULT SIZES - XS SM M L XL

Comments:

OFFICE USE ONLY

Birth date verified by: Passport Health Card Birth Certificate Other

Print Name:

Signature:

GSSC Registrar Signature:

District Registrar Signature:

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:

a) In which country (other than Canada) did the player **last** register? _____

b) With which Club did the player **last** register in another country? _____

c) In which year did the player **last** register in another country? _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize **Ontario Soccer** and the **GREATER SUDBURY SOCCER CLUB** to collect and use personal information about me or my child/ward for the purpose of receiving communications from Ontario Soccer and the Greater Sudbury Soccer Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to: **Attention: OSA Privacy Officer, Ontario Soccer Association, 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 membership in Ontario Soccer, District Association and Club, I, the participant, agree as follows:

1. I understand that I (or my child/ward) 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 reviewed the participant's agreement attached and my signature affixed hereto indicates my agreement with such waiver
3. I am aware of Ontario Soccer, the **GREATER SUDBURY SOCCER CLUB** 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.
5. I accept all liability for any damage to the playing equipment caused by me careless, negligent and/or improper handling.

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.

Signature of Participant (if aged 13 and over)

Date

Signature of Parent/Guardian (if player is under 18)

Date

ONTARIO SOCCER
PARTICIPANT'S AGREEMENT
(To be Used for Players Under the Age of 18)

Name of Participant: _____ **Age (If under 18)** _____

ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS

I participate in the game 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 this activity.

The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dryland training including weights, running and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes
- Injuries from collisions with walls and soccer equipment
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of 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 experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- 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, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and representative.

INSURANCE

Executing this agreement may not preclude you from insurance coverage.

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.

Name of Participant (if over age of 13)

Signature of Participant (if over age of 13)

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date