

# Brampton ELITE Soccer Academy

## Academy Team Tryout Registration Form

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ELITE SOCCER ACADEMY is a Tier 1 Ontario Soccer Recognized Academy (ORA) meeting the highest standard of academy soccer in Ontario. Elite's goal is to have a positive affect on children's development as athlete's and future role models in society by way of providing a platform that offers its players an inclusive, safe, fun and challenging environment where children to be part of and benefit from.

### Anyone can tryout for Elite.

From U8 (2011) to U13 (2006), Elite carries two teams to ensure children have the opportunity to grow and develop in a constructive environment without the pressures of being "Cut from a team", however, placement is strictly based on 3 primary factors:

1. Individual skill
2. Coachability
3. Maturity

U14 and older we only carry one team per age group.

At Elite, new players take part in standard team training sessions and give parents and players the opportunity to participate and get an idea of the overall idea of the program, but also allow the coaches to evaluate players on multiple factors.

**Please complete the form below and bring it to your first tryout.**

### Player Information

First Name:..... Last Name:..... Date of Birth: ...../...../..... Gender:  Male  Female

Street Name:..... City:..... City:.....

### Parent Information

First Name:..... Last Name:..... Relationship:  Mother  Father Other:.....

If address is same as above please check off this box. Otherwise, enter your address below.

Street Name:..... City:..... City:.....

Email Address:..... Mobile No.:..... Other No.:.....

### Disclaimer

Recognizing the possibility of physical injury associated with soccer and in consideration for BRAMPTON ELITE SOCCER ACADEMY accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the BRAMPTON ELITE SOCCER ACADEMY, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs.

I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment

I understand that it is my responsibility to advise the Team Management and BRAMPTON ELITE SOCCER ACADEMY immediately if there is a change in any of the above information. In the event of a medical emergency, Team Management has permission to provide immediate First Aid as required and to take or have my child taken by EMS to hospital if deemed necessary.

I hereby authorize the physician and nursing staff of the medical institution to which my child is taken to undertake examination investigation and necessary treatment of my child. I authorize the information on this form to be released to appropriate parties (physician, nurse, coach) as deemed necessary. Refusal to Complete Medical Information Form (check only if the above information has not been completed)  I understand that by refusing to provide the information requested on this form I am releasing the Oakville Soccer Club of any liability or medical claims resulting from this decision (signature required below)

BY CHECKING THE BOX AND SIGNING BELOW, I CERTIFY THAT I ALL INFORMATION ABOVE IS ACCURATE, UNDERSTAND AND AGREE TO THE ABOVE STATEMENT.

.....  
Signature

.....  
Date

