



Competitive Try-Out Registration Form

Player Information						
First Name	_____			Last Name	_____	
Address	_____					
City	_____			Postal Code	_____	
Phone #	_____			E-Mail	_____	
Birthdate	Year	Month	Day	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Number of years playing soccer? _____

Number of years playing Rep/Select soccer? _____

This try-out registration form is a two (2) page document. Both pages must be completed, signed in order for the player to try-out for a competitive team.

Waiver/Participation Agreement – See Page 2 of this Document

Please read and sign pages 1 & 2 of this Try-Out Registration Form – By doing so you have acknowledged making this agreement and have read and understood the terms and conditions of this agreement, and by signing it voluntarily, you have agreed to abide by these terms.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date



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Consent for Use of Personal Information

I authorize Ancaster Youth Soccer Club to collect and use personal information about me and my child/ward, including name, address, e-mail, telephone number, cell phone number, sex, age, date of birth, health card number (optional), medical history (optional) and any other additional information required by the Club for its own needs for the following purposes:

- Receiving communications from the Ancaster Youth Soccer Club;
- Receiving information from the Ancaster Youth Soccer Club's sponsors;
- Ensuring appropriate age group and category;
- Determining eligibility;
- Media relations and publishing sports information;
- In the case of medical emergencies;
- Determining membership demographics and program wants and needs;
- Player identification/recruitment; and
- Posting rosters, statistics, images and results on the website of the Ancaster Youth Soccer Club

I also authorize the Ancaster Youth Soccer Club to disclose my and my child's/ward's personal information to the Canadian Soccer Association, Ontario Soccer Association, Hamilton and District Association, Leagues and Tournament Host Organizations for the purpose of annual demographic reporting, registration, posting competition information, organizational needs and to communicate with registrants about soccer programs, events and activities.

I consent to the Ancaster Youth Soccer Club to take photographs, videotape, or digital recordings of me and my child/ward and to use these in any and all media, including the Ancaster Youth Soccer Club website.

I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the Ancaster Youth Soccer Club.

Waiver/Participation Agreement

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

ALL SPORT, INCLUDING SOCCER, HAS ITS RISKS

I participate in the sport 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 soccer. The risks and hazards of soccer include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from training including weights, running, and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes;
- Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces;
- Injuries from collisions with walls and soccer equipment;
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure or 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 come into close contact with other participants, including the possibility of accidental and unexpected touching;
- That I may experience anxiety while challenging myself during the activities;
- 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 Association, its directors, officers, members, employees, volunteers, officials, participants, District Association, League, Clubs, agents, sponsors, owners/operators of the facility, and representatives.

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