



INDOOR SOCCER REGISTRATION FORM

WWW.ANCASTERSOCCER.COM

Player Information

First Name		Last Name	
Address			
City	Postal Code	Phone #	
E-Mail 1	E-Mail 2		
DATE OF BIRTH		GENDER	
YEAR	MONTH	DAY	Male Female

PRICING INFORMATION Please ✓ mark your program.

SUPER TYKES U3 & U4	\$120 12 Week Program	U5 to U16 BOYS & GIRLS	\$150 12 Week Program
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SOCCER ACADEMY Please ✓ mark your programs

WEDNESDAY NIGHTS	\$175 – 12 Week Program	FRIDAY NIGHTS	\$175 – 12 Week Program
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THE OUTDOOR SEASON YEAR BOOK IS NOW AVAILABLE
ORDER YOUR CHILD'S YEAR BOOK FOR ONLY \$30

Please ✓ mark to order a Year Book >>>>>>>>>>

TOTAL AMOUNT DUE	\$	CHEQUE #	Credit Card #	Exp. Day
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Consent for Use of Personal Information

I authorize Ancaster 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 Soccer Club;
- Receiving information from the Ancaster 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 Soccer Club

I also authorize the Ancaster Soccer Club to disclose mine and my child'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 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 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 Soccer Club.

Waiver/Participation Agreement

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.

NAME OF PARTICIPANT	AGE (IF UNDER 18)	DATE
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Printed Name of Parent or Guardian	Signature of Parent or Guardian
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