



TORONTO SOCCER ASSOCIATION- PLAYER REGISTRATION FORM

PERSONAL INFORMATION			
Full Name:	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	_____		_____
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	_____	_____	_____
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Home Phone:	() _____	Business Phone:	() _____
Cell Number:	_____	E-mail Address:	_____
Birth Date: (y/m/d)	_____	OSA Registrant #	_____
		Gender:	_____

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 the Canadian Soccer Association, Ontario Soccer Association, (District), (Club) to collect and use personal information about me or my child/ward for the purpose of receiving communications; and the disclosure of my or my child/ward's name and address to the (Municipality) for the purpose of securing fields and no other purpose.
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 or my child/ward's membership in the Ontario Soccer Association, District Association and Club, I, the participant and parent/guardian (if participant is under 18 years of age), 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 The Ontario Soccer Association's computerized registration system.
2. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of The Ontario Soccer Association, Toronto Soccer Association 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 or my child/ward's personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and/or improper handling.
I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.
_____ Signature of Participant (If aged 18 and over)
_____ Signature of Parent/Guardian (If under 18)
_____ Date

TEAM DETAILS For Club Use Only
Club Name: _____ Team Name: _____
League Name: _____ Division Name: _____
Player Classification:
Indoor: ___Mini Indoor ___Youth Indoor ___Senior Indoor ___Pro Indoor ___Mini Futsal ___Youth Futsal ___Senior Futsal ___Pro Futsal
Outdoor: ___Mini Outdoor ___Youth Competitive ___Youth Recreational ___Senior Competitive ___Senior Recreational ___Pro Outdoor

For use by CLUB REGISTRAR	DISTRICT SIGNATURE
Verification of Birthdate: ___ Birth Certificate ___ Player Book ___ Other	_____
SIGNATURE _____	Date _____
Date _____	



**TORONTO SOCCER ASSOCIATION
WAIVER AND RELEASE OF LIABILITY
(To be signed by participants 18 yrs of age and older)**

By signing this form you give up important legal rights. Please read carefully!

This is a binding legal agreement. As a Participant in the programs, activities and events of the Ontario Soccer Association, their Districts, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.

Accident Insurance

Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Ontario Soccer Association's insurance policy.

Disclaimer

The Ontario Soccer Association, their Districts, Leagues and Clubs, directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

In consideration of my participation as a Participant 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;
- Dryland training including weights, running, and massage;
- Grass, turf and other surfaces including bacterial infections and rashes;
- Falls to the ground due to uneven or irregular terrain or surfaces;
- Collisions with walls and soccer equipment;
- 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;
- Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
- Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
- Vigorous physical exertion and strenuous cardiovascular workouts;
- 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 contact;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

Release of Liability

In consideration of the Organization allowing me to participate as a Participant, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant

Date

Signature of Participant



TORONTO CENTRAL SOCCER CLUB PLAYER REGISTRATION FORM

Each of the undersigning expressly acknowledges that sports and similar activities intrinsically involve risk of physical injury greater than encountered in daily life, and by participating in sports and other activities, members acknowledge and assume the risks inherent therein. Toronto Central Soccer Club will not accept any responsibility, and shall not be liable, for any injury, illness, death, damage, loss, accident, expense, delay or other irregularity resulting from a member participating in any activity or use of the facilities with Toronto Central Soccer Club.

Each of the undersigned contracts themselves to abide by the rules of participation and conduct them in such a manner which is safe. All individuals have a responsibility and will report any unsafe situations to the Toronto Central Soccer Club immediately.

Additionally, the undersigned hereby assumes full responsibility for and risk of bodily harm or property damage while using the fields with Toronto Central Soccer Club.

The undersigned has read and voluntarily signs the WAIVER AND RELEASE FROM LIABILITY AND IMDEMNITY AGREEMENT and further agrees that no oral representation, statement, or inducement, apart from the forgoing written has been made.

All participants must be 18 years of age.

TEAM NAME - _____

PARTICIPANTS NAME - _____

There is a potential risk in training and participating in any sport, and we tried to create a safe environment. The Coach has established rules for participation; and proper conduct on or about the playing field must be followed.

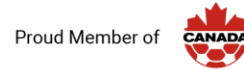
AGREEMENT: I agree to abide by the Published Rules of The Toronto Soccer Association, my District Association, my League, and my Club. I understand as a registrant of the Toronto Soccer Association, my District, my Club and my League that I may receive information from time to time related to soccer events, programs and services.

SIGNATURE OF PARTICIPANT _____ **DATE** _____

I have read and understood the rules of the game as published by Toronto Central Soccer Club. (please check box)



ONTARIO SOCCER
7601 Martin Grove Road, Vaughan ON, L4L 9E4
905.264.9390 ontariosoccer.net



Play.
Inspire.
Unite.

Concussion Code of Conduct for Athletes

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.



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- 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.

I will help prevent concussions, through my:

- Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions*
- Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions (Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy). *
- Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct. *

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete Name: _____

Signature: _____

Date: _____

