



On line Registration ___ CASH ___ CHEQUE ___ Male/Female ___ AGE U ___ Receipt Issued ___

U4 AND U5 PYSC SOCCER REGISTRATION 2017

Outdoor Season Fee \$80.00 per player *

FORM APPLIES FOR BOYS AND GIRLS BORN IN YEARS 2012 and 2013

705 743 0482

First Name: _____ Last Name: _____ Date of Birth: ____/____/____
Player please print yy mm day

Address: _____ Apt # _____ City: _____ Postal Code: _____

Phone: 705 _____ e-mail address _____ 2016 Team Name _____

Club Last Registered with: PYSC Other Year: ____ Never previously registered
Where? _____ with a Soccer Association?

Any player suspended from all soccer activities may not register.

Estimated skill level: (D novice, C intermediate, B- good, all-round athlete, A good athlete, soccer skills)

Does your child have any special needs?

FEE IS REQUIRED PRIOR TO PLAYER REGISTRATION. PLAYERS ARE GUARANTEED TEAM PLACEMENT IF REGISTERED BY MARCH 31st. * NB: Late registrants might be on a waiting list. AN ADMINISTRATION FEE OF \$20 APPLIES TO ALL NSF CHEQUES OR REFUNDS There will be no refunds after May 21st, 2017.

In signing this registration form, I understand that my child might be transferred to another team as required for team balancing. We request your co-operation on such transfers.

We do not guarantee that requests for players to be placed on the same team will be accommodated.

Privacy Policy: I authorize the Canadian Soccer Association, Ontario Soccer Association, ECOSA, and PYSC to collect and use personal information about my child/ward for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, ECOSA, and PYSC.

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 party not listed herein.

I understand that providing false information or withholding information can result in a player being suspended from soccer activities for one year.

I acknowledge accepting the obligations of registration with the PYSC as identified here, and on page 2.

Please sign the Participant Agreement on Page 2 of the registration form. See back side or Page 2.

I agree to abide by and be bound by the rules, bylaws, policies and regulations published by the Ontario Soccer Association, the East Central Ontario Soccer Association and the PYSC.

By signing and dating, I agree that I am the parent or legal guardian of the player being registered and that I will be bound by this Legal Agreement whether or not I have read the agreement.

Player/Parent/Guardian: _____ / _____ Date: 2017/____/____
please print name Signature yy mm day

**You can use the online registration and payment process shown on our website,
Or you can mail REGISTRATION FORM WITH CHEQUE, payable to: (PYSC)
PETERBOROUGH YOUTH SOCCER CLUB, P.O. Box 133, Peterborough, Ont. K9J 6Y5**

The Club might need YOU as a volunteer !! PLEASE FILL OUT THE FOLLOWING

First Name: _____ Last Name: _____ Phone # _____

Coach _____ Assistant Coach _____ Interested in Coaching Clinic ? _____

All coaches and assistants must register with the Club. Volunteer Screening is required.

Convenor _____ Referee _____ Ref Clinic _____ Wish to Sponsor a Team (\$350.00) _____

I am willing to help with the Ron Thompson All Winners Tournament or other events. _____

Club Registrar Signature: _____ Date: 2017/____/____
yy mm day

Name of Participant: _____ Date of Birth _____ / _____ / _____
yy mm day

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of the Peterborough Youth Soccer Club (PYSC), a member club of The Ontario Soccer Association (OSA),

I ASSURE TO YOU THAT:

1. I am parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the PYSC and The OSA.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but are not limited to injuries from:
 - a. Executing strenuous and demanding physical techniques in soccer;
 - b. Vigorous physical exertion and strenuous cardiovascular workouts;
 - c. Exerting and stretching various muscle groups;
 - d. Dry land training, mainly running and soccer training exercises;
 - e. Grass, turf and other surfaces that might result in bacterial infections and rashes;
 - f. Falls to the ground due to uneven or irregular terrain or surfaces;
 - g. Collisions with soccer equipment;
 - h. Failure to properly use any piece of equipment or the mechanical failure of any piece of equipment;
 - i. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - j. Extreme weather conditions that may result in heat stroke, sunstroke, or hypothermia;
 - k. Travel to and from competitive events and associated non-competitive events, which are an integral part of the organization's activities.
4. Furthermore, I am aware that my child/ward might:
 - a. Sustain injuries that can be severe, such as spinal cord injuries that can even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. Come into close and unexpected contact with other participants, with the possibility of injury;
 - d. Increase risk of injury as he/she becomes fatigued; and
 - e. Reduce risk of injury if he/she follows all rules established for participation.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, personal representatives and next of kin that my signing of this document constitutes that:

5. I am registering my child/ward willingly and he/she is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss, which my minor child/ward might receive while participating in these events, activities and programs.
8. If something happens to my child/ward, I release the Organization of responsibility for any claims, demands, action and costs that might arise out of my child/ward's participation. I understand "Organization" to mean: The Ontario Soccer Association, East Central Ontario Soccer Association, PYSC, and their directors, officers, members, employees, volunteers, officials, participants, agents, sponsors, owners/operators of facilities, and representatives.
9. I understand that my child/ward cannot play in any sanctioned soccer game until this registration form has been validated and the registration data has been entered in The OSA's computerized registration system.
10. I accept sole responsibility for my child/ward's personal possessions and athletic equipment.
11. I accept all liability for any damage to playing equipment caused by my child/ward's careless, negligent and/or improper handling.

Accident Insurance

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

I ACKNOWLEDGE MAKING THIS AGREEMENT

By signing, or electronically including my name, and dating, I agree that I am the parent or legal guardian of the player being registered and that I will be bound by this Legal Agreement whether or not I have read the agreement.

Print or electronically include Name of Parent or Guardian

Signature of Parent or Guardian

2017/_____/_____
yy mm day