



OSA / PICKERING FOOTBALL CLUB PLAYER REGISTRATION FORM (Over 18)

Season: _____ Age Group: _____

Please complete ALL 3 Pages

PLAYERS PERSONAL INFORMATION

Full Name:		
Last	First	M.I.
Address:		
Street Address		Apartment/Unit #
City	Province	Postal Code
Home Phone: () _____	Business Phone: () _____	
Cell Number: _____	E-mail Address: _____	
Birth Date: (m/d/y) _____	OSA Registrant # _____	Gender: _____
OHIP # (Optional): _____ *OHIP Numbers are optional to collect and an optional field for this form*		

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

1. I authorize the Canadian Soccer Association (CSA), Ontario Soccer Association (OSA), Durham Region Soccer Association (DRSA), and the Pickering Football Club (PFC) (collectively the "Organization") to collect and use personal information about me for the purpose of receiving communications and the purposes described in the Organization's privacy policy. This consent is in compliance with the *Personal Information Protection and Electronic Documents Act* and the *Canadian Anti-Spam Legislation*.
2. Furthermore, I grant permission to the Organization to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote soccer through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that I waive any claim for remuneration for use of audio/visual materials used for these purposes. I accept the Pickering Football Club may use my child's team pictures and publish the first names for publications/events run by the PFC.
3. I understand that I may withdraw such consent at any time by contacting the Organization's Privacy Officer (privacy@pickeringssoccer.ca). 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, agree as follows:

1. I understand that I 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 attached and my signature affixed hereto indicates my agreement with such waiver.
3. I am aware of The Ontario Soccer Association, The Durham Region Soccer Association, The Pickering Football Club 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 personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by me careless, negligent and/or improper handling.
6. I accept the Pickering Football Club may use my individual/team pictures and publish their names for publications, media and events run by the PFC.

By signing and dating below you agree that you are the player being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Signature of Participant _____
Date

For use by CLUB REGISTRAR

Verification of Birthdate: ___ Birth Certificate ___ Player Book ___ Other

SIGNATURE _____

Date _____

Note: Club must retain copy of the player registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request

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

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

1. 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.

Disclaimer

2. 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

3. 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.

4. 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

5. 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.

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.

Acknowledgement

By signing and dating below you agree that you are the player being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Name of Participant

Signature of Participant

Date



Concussion Waiver and Rowans Law

This document provides essential information to help protect athletes from, and reduce the risks associated with concussions. Use this information at games and practices to learn how to spot a concussion and what to do if a concussion occurs.

It is a requirement of Provincial Law that any participant under 26 years of age has to confirm or have parental confirmation that the Concussion Awareness Resources have been reviewed. **Signature required at the end of this document.**

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.

- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children’s or teens’ health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren’t serious or worry that if they report a concussion, they will lose their position on the team or look weak. Be sure to remind them that it’s better to miss one game than the whole season.

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing— have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion? As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child’s or teen’s health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child’s or teen’s school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child’s or teen’s return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider. **To review the official Concussion Awareness Resources you will need to visit: ontario.ca/concussions**

Parent Agreement: (Athlete can sign if over 18 years of age)

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury:

Signed: _____

Date: _____

Parent Name: _____

Player Name: _____



Emergency Contact Information

First Name:

Last Name:

Phone Number:

Medical History

Do you have any allergies that we need to be aware of?

Yes No

If yes, please specify:

Do you have any Medical Conditions that we need to be aware of?

Yes No

If yes, please specify:
