



# WHITCHURCH-STOUFFVILLE SOCCER CLUB ADULT (AGE 18 AND OLDER) REGISTRATION FORM 2010

Mailing Address: P.O. Box 1427, Stouffville ON L4A 8A3  
 Club Office: Stouffville Arena, 12483 Ninth Line N., Stouffville, ON  
 Bus: 905-640-1800 Fax: 905-640-7275  
 E-Mail: [admin@wssc.info](mailto:admin@wssc.info) Web: [www.wssc.info](http://www.wssc.info)

## PLAYER INFORMATION

Last:  First:  Gender: M  F  Date of Birth:  /  /   
 D / M / Y

Address:  City:  Postal Code:

Home Phone:  Bus. Phone:  Cell Phone:

Player E-Mail Address:  **PLEASE PRINT**  
 (MANDATORY – Club communication will be sent via e-mail)

## SOCCER EXPERIENCE

How many years has applicant played soccer? # of years  Year last registered?  Club?

*Ever registered to play soccer in a country other than Canada?* NO  YES

If "YES", what Country:  Club:  Year last reg.

## WE DO NOT ACCEPT SPECIAL REQUESTS

### REGISTRATION FEES – OUTDOOR 2010

Birth Year	# of Nights	Cost	After Mar 1/10
1976-1992	2	\$230	\$245
Men (35 +)	1	\$230	\$245
Women (26 +)	1	\$230	\$245

10% discount for family of 3 or more

Division	Game Night	Scrimmage	Location
17-25 Women	Mon.	Sun.	Stouffville Arena
17-34 Men	Thurs.	Sun.	Stouffville Arena
Men (35 +)	Wed		Stouffville Arena
Women (26 +)	Tues.		Stouffville Arena

Game/practice nights are tentative.

## REFUND/NSF POLICY

A written request to withdraw from a program must be received in writing at the Soccer Office. There is a \$20 admin. charge for all refunds. No refunds for Outdoor 2010 will be issued after uniform distribution. All NSF cheques are subject to a \$25.00 charge.

## FOR OFFICE USE ONLY

Amt Paid  Cash  Cheque  Cheque #  Registrar's Signature  Refund  NSF

For your **REGISTRATION** to be **ACCEPTED**, YOU MUST:

- 1. READ, COMPLETE and SIGN BACK OF FORM IN TWO PLACES.**
- 2. READ and COMPLETE the MEMBER FORM.**

WSSC Acceptance of your Registration only adds the applicant player's name to the Wait List but does not guarantee a playing slot. Playing slots will be assigned from the Wait List utilizing the Club's priority rules for Partner Members and ordinary Members. If an applicant is not assigned a playing slot from the wait list, all monies will be returned for that applicant.

**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

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**CONSENT FOR USE OF PERSONAL INFORMATION**

I authorize the Canadian Soccer Association, the Ontario Soccer Association, York Region Soccer Association and the Whitchurch-Stouffville Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communications from the Ontario Soccer Association, District, League and Club and the disclosure of my name and address to the Town of Whitchurch-Stouffville for the purpose of securing fields. We do not sell or distribute your personal information to any other third party not listed herein.

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.

**RELEASE**

I specifically grant permission to the Whitchurch-Stouffville Soccer Club to use my/my child's likeness, voice and words in television, radio, film, newsletter, magazine and other media; and, in any form not heretofore described, for the purpose of advertising or communicating activities of the Whitchurch-Stouffville Soccer Club.

**ACCEPTANCE OF TERMS AND CONDITIONS**

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer Association, York Region Soccer Association and the Whitchurch-Stouffville Soccer 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 and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of The Ontario Soccer Association, York Region Soccer Association and the Whitchurch-Stouffville Soccer 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 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.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



# Partner Member Form

FAMILY NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\*\* (MANDATORY – club communication will sent via email)

PLAYER'S NAME: \_\_\_\_\_ PLAYER'S DOB: \_\_\_\_\_ PLAYER'S DIVISION \_\_\_\_\_

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PLAYER'S NAME: \_\_\_\_\_ PLAYER'S DOB: \_\_\_\_\_ PLAYER'S DIVISION \_\_\_\_\_

UNABLE TO PARTNER \_\_\_\_\_

*(I'm aware and understand my children will be placed on a waiting list)*

## Roles of Possible Interest to Partners

Availability	AM__	PM__									
Age Group	2005	2004	2003	2002	2000-2001	1997-1999	1994-1996	WOMEN'S 1985 -1 993	MEN'S 1976 - 1993	ADULT MENS +35	ADULTS WOMENS +26

### Events

Registration Day Assistant

Coaches Day Organizer

Coaches Day Partner

Opening Night Organizer

Opening Night Partner

Picture Day Organizer

Picture Day Partner

Strawberry Festival Organizer

Strawberry Festival Partner

Cup Week Organizer

Cup Week Partner

### Divisional

Coach

Coach Assistant

Team Manager

Convener

Field Lining Coordinator

Field Crew/Pre-Season field lining

Net Coordinator U5 – U7

### Office

Divisional Organizer

Partner Organizer

Office Partner

Feedback Partner

Information Desk Representative

Indoor Soccer Program Partner

1<sup>st</sup> Aid Assistant

Photographer

Scorer U10 – U16

*\*If you are applying to volunteer as a House League Coach, Assistant Coach or Team Manager, you must also complete a coaching application form.*

## Partner Experience

Year	Age Group / Division	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Whitchurch-Stouffville Soccer Club (WSSC) is proactively launching a number of new initiatives that will allow it to grow as the Town of Whitchurch-Stouffville grows. One of these "Growing with Stouffville" initiatives is a program that will expand our volunteer ranks to help us meet the rapidly changing needs of our community. Under this program, WSSC will have two types of members:

**PARTNER MEMBERS** are those soccer players who have one or more family members that "partner" with WSSC by performing a minimum of 5 hours of volunteer work\* for the club over the course of the season.

**MEMBERS** are those soccer players who have no family members "partnering" with WSSC by contributing their time to the club in some volunteer work during the season.

**Partner Members will have priority over non partner Members in being assigned playing slots** within the various WSSC non try-out teams. Stouffville's high population growth will increase the demand for playing slots beyond the number of available slots. Becoming a *Partner Member* will ensure your access to the available playing slots over others\*\*\*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_