



WHITCHURCH-STOUFFVILLE SOCCER CLUB

2011-12 INDOOR REGISTRATION FORM

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 Web: www.wssc.info

PLAYER INFORMATION (Birth Certificate copy for all NEW members (1997-2006) must accompany form)

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

Address: City: Postal Code:

Home Phone: Bus. Phone: Cell Phone:

Player or Guardian E-Mail Address: **PLEASE PRINT**

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

INDOOR – FUTSAL

<u>Birth Year</u>	<u>Game Night</u>	<u>Program Dates</u>
1997-1999	Fri.	Oct. 14-Mar. 2
2000-2002	Fri.	Oct. 14-Mar. 2

(Separate Boys & Girls leagues)

Program cost is **\$100.**

For full details, visit our website www.wssc.info

INDOOR - SKILLS DEVELOPMENT PROGRAM

Program cost is \$60 per program. Please indicate session:

2005-2006 mixed: Glad Park PS – 6:00-7:00 pm

Oct. 17-Dec.5 Jan. 9-Mar. 5

2003-2004 mixed: St. Brigid CS – 6:00-7:00 pm

Oct. 18-Dec. 6 Jan. 10-Feb. 28

For full details, visit our website www.wssc.info

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 Indoor 2010 will be issued after Nov 4, 2011. 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.

Participation Agreement – FOR THOSE UNDER 18 YRS BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS. PLEASE READ CAREFULLY.

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of the Whitchurch-Stouffville Soccer Club, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the participant named in the registration form on the reverse of this page and I have full legal responsibility for decisions regarding this participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the Whitchurch-Stouffville Soccer Club.
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. Dryland training including weights, running and massage;
 - c. Grass, turf and other surfaces including bacterial infections and rashes;
 - d. Falls to the ground due to uneven or irregular terrain or surfaces;
 - e. Collisions with walls and soccer equipment;
 - f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - g. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - h. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - i. Vigorous physical exertion and strenuous cardiovascular workouts;
 - j. Exerting and stretching various muscle groups; and
 - 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 may:
 - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if he/she follows all rules established for participation; and
 - e. Risk of injury increases as he/she become fatigued.

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

1. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
2. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
3. 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.
4. If something happens to my child/ward, I **release** the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand "Organizers" to mean: The Ontario Soccer Association, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

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.

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.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

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. 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 Parent/Guardian

Signature of Parent/Guardian

Date



2011-12 INDOOR SOCCER Partner Member Form

PARTNER NAME: _____
LAST FIRST

PARTNER'S DOB: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

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

PLAYER'S NAME: _____ PLAYER'S BIRTH YEAR : _____

PLAYER'S NAME: _____ PLAYER'S BIRTH YEAR : _____

UNABLE TO PARTNER _____
(I'm aware and understand my children will be placed on a waiting list)

Roles of Possible Interest to Partners

Divisional

- Coach
- Coach Assistant

Events

- Registration Day Partner

Office

- Office Partner
- Community Service Hours (High school student)

****If you are applying to volunteer as a House League Coach or Assistant Coach, 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: _____