



# Indoor League

Player Registration Form -- Club #2110

Receipt #: \_\_\_\_\_

YEAR: 2015/2016

Date: 2015-10-16

(above is for office use only)

Please return both pages of the **completed** and **signed** form to

**Pembroke Soccer Club P.O. Box 482, Pembroke, ON K8A 6X7**

Voice/Text: 613-585-9910

Email: [office@pembrokesoccer.ca](mailto:office@pembrokesoccer.ca) Website: [www.pembrokesoccer.ca](http://www.pembrokesoccer.ca)

## Player Information

OSA #: \_\_\_\_\_  
(if known)

Sex: Male  Female

Birth Date: \_\_\_\_\_  
yyyy mm dd

Full Name: \_\_\_\_\_  
First Name Last Name

Office use only: \*All first time registrants must provide proof of date of birth. Club official must verify and initial the appropriate box. Returning players do not require proof of date of birth.

Address: \_\_\_\_\_  
Street/P.O. Box/RR#  
Pembroke Ontario  
City Province Postal Code

Birth Certificate	<input type="checkbox"/>	
Health Card	<input type="checkbox"/>	
Previous Player	<input type="checkbox"/>	

Primary Tel: ( 613) - \_\_\_\_\_  
Second Tel: ( 613) - \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Guardian Contact Information

## Be a sport... VOLUNTEER!!!

**Mother/Father (or  guardian)**

Full Name: \_\_\_\_\_  
Alternate Emergency Contact :  
Name: \_\_\_\_\_

Phone Number\*: ( 613) - - \_\_\_\_\_

\*(if different from child's)

**I would like to get involved as a...**

Coach  
 Assistant Coach  
 League Volunteer

## Consent for Use of Personal Information

I authorize the The Pembroke Soccer Club Inc. 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 City of Pembroke 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 PSC Privacy Officer at [office@pembrokesoccer.com](mailto:office@pembrokesoccer.com) 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 child's/ward's membership in The Pembroke Soccer Club, I, the parent/guardian (for the participant under 18 years of age), agree as follows:

1. I understand that my child/ward cannot play in any sanctioned soccer game until after this registration form has been validated by the Pembroke Soccer Club..
2. I have reviewed the participation agreement attached and my signature affixed hereto indicates my agreement with such participation agreement.
3. I am aware of The Pembroke 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 child/ward's personal possessions and athletic equipment.
5. I accept liability for any damage to the playing equipment caused by my child/ward's careless, negligent and/or improper handling. By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this legal agreement, even if you have not read the agreement.

2015-10-16

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

**PEMBROKE SOCCER CLUB**

**PARTICIPATION AGREEMENT**

*FOR THOSE UNDER 18 YRS*

**By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.**

**Name of Participant:**

**Age:**

**Date of Birth:**

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities and events of The Pembroke Soccer Club,

**I ASSURE TO YOU THAT:**

1. I am the 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 Pembroke 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:

5. I am registering my child/ward willingly and my child/ward 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 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 Pembroke Soccer Club 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 Pembroke Soccer Club's insurance policy.

**I ACKNOWLEDGE MAKING THIS AGREEMENT**

By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this legal agreement even if you have not read the agreement.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

2015-10-16  
Date