

**ONTARIO SOCCER ASSOCIATION
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 Ontario Soccer Association, **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 child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of The Ontario Soccer Association.
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. Dry land 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 that 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 that 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

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.

ALL NEW PLAYERS WHO ARE REGISTERED MUST SUPPLY A COPY OF THEIR BIRTH CERTIFICATE AT THE TIME OF REGISTRATION WHETHER DONE BY MAIL OR IN PERSON. ANY PLAYER WHO IS REGISTERED IN THE UNDER 14 AGE GROUP OR OLDER MUST ALSO SUPPLY A RECENT 2 In. x 2 In. PHOTO UPON REGISTRATION IN CONJUNCTION TO ONTARIO SOCCER ASSOCIATION AND HAMILTON AND DISTRICT SOCCER ASSOCIATION POLICY.

ABSOLUTELY NO REFUNDS WILL BE ISSUED AFTER MAY 31 ST. ALL REQUESTS MUST BE MADE IN WRITING TO THE REGISTRAR PRIOR TO THIS DATE. THE EQUIPMENT ISSUED BY THE CLUB MUST BE RETURNED IN GOOD CONDITION. AN ADMINISTRATION FEE OF \$25.00 WILL BE APPLIED TO ANY REFUNDS REGARDLESS OF REASON(S). FULL REFUND IN RELATION TO MEDICAL PROBLEMS OR CONDITIONS MUST BE ACCOMPANIED BY A MEDICAL NOTE SIGNED BY A QUALIFIED DOCTOR AND SUBMITTED TO THE REGISTRAR PRIOR TO MAY 31. THE DECISION OF REFUNDS WILL BE THE DECISION OF THE EXECUTIVE COMMITTEE OF THIS CLUB AND WILL BE FINAL.

The only **SPECIAL REQUESTS** that will be issued are:

Sibling placed on the same team and placement of coaches/sponsors children on their teams.

All players must wear shin guards and cleats to all practices and games.

Any player may play one age group above his/her age but not in a lower age group. The Registrar and the child's parents/ guardians must approve this.

Any complaints in regards to refereeing must be submitted to in writing to the Head Referee upon completion on the game.

East Hamilton Soccer Club Inc has the right to change, modify teams or age groups to promote parity in their house league divisions.

HEALTH STATEMENT

My child does not have any health problems that may prevent him or her from playing soccer other than (please specify) _____

If there is any change in his or her health status, I agree to notify East Hamilton Soccer Club Inc. in writing.

ZERO TOLERANCE POLICY

We agree to abide by the rules of East Hamilton Soccer Club Inc. which includes the Zero Tolerance Policy towards verbal and or physical violence toward any referee, coach or player (s). These rules have been approved and will be enforced by this Club and the City of Hamilton.

PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OR PARENT OR GUARDIAN

DATE

