MISSISSAUGA CROATIA SOCCER CLUB
HOUSE LEAGUE
REGISTRATION FORM

2016 Season (May through August)
CLUB No. 2518

Mississauga Croatia S.C.
6535 Millcreek Drive, Unit 82
Mississauga, ON L5N 2N2
(905) 334-3191
info@mississaugacroatia.com
www.mississaugacroatia.com

Family Name: _____ First Name: _____

Address: (street) _____ (city) _____

(Postal code)_____ (phone/mobile) _____ (Email) _____

Emergency Contact: (name) _____ (phone) _____

Allergies _____

Date of Birth: (year) _____ (month) _____ (day) _____ **Gender:** ☐Male ☐Female

Uniform Size: **Youth** ☐ XS ☐ S ☐ M ☐ L ☐ XL **Adult** ☐ S ☐ M ☐ L ☐ XL

Note: for U4/U5/U6 Only: If you wish to have more than one child or family member play on the same team please indicate your request below. Requests are not guaranteed and must be submitted **on or before March 20th No Exceptions.** Priority will be given to siblings. MCSC reserves the right to limit team accommodations.

_____

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 OSA 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 registered in another country? _____

PARENT or VOLUNTEER INVOLVEMENT

Mississauga Croatia SC is run by volunteers and needs your support & co-operation. Please indicate in which capacity you are interested in helping.

Name: _____ Certification Level: _____

☐ TEAM COACH ☐ TEAM ASSISTANT COACH ☐ TEAM / CLUB SPONSOR ☐ OTHER: _____

Gender: ☐ **Male** ☐ **Female** **Coach's Jersey Size** **Adult** ☐ **S** ☐ **M** ☐ **L** ☐ **XL**

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 and parent/guardian (if participant is 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 and the registration data has been entered in The Ontario Soccer Association's computerized registration system.
2. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of The Ontario Soccer Association, The Peel Halton Soccer Association, my 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.

CONSENT FOR USE OF PERSONAL INFORMATION PERSONAL INFORMATION

I authorize the Canadian Soccer Association, the Ontario Soccer Association, The Peel Halton Soccer Association, and my Club to collect and use personal information about me or my child/ward for the purpose of receiving communications; and the disclosure of my child/ward's name and address to the (Municipality) 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 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. ***We do not sell or distribute your personal information to any other third party not listed herein.***

Signature of Parent/ Guardian: _____ **Date:** _____

For use by CLUB REGISTRAR

Verification: Birth Certificate ___ Player Book _____ Other _____

Club Official: _____ Date: _____

Amount Received: ☐ Cash ☐ Cheque

DISTRICT SIGNATURE

_____

Date _____

PEEL HALTON PLAYER REGISTRATION FORM.

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 minor/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 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 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

Peel Halton Soccer Association Inc. 5659 McAdam Rd, Unit B-3, Mississauga, Ontario L4Z 1N4. Tel: (905) 890- 1568. Fax: (05) 890 5373. Revised Feb22 2007.

Mississauga Croatia S.C.
6535 Millcreek Drive, Unit 82
Mississauga, Ontario L5N 2N2
(905) 334-3191
info@mississaugacroatia.com
www.mississaugacroatia.com

PHOTO/IMAGE RELEASE AND WAIVER

I am the parent/guardian of _____ (hereinafter "My Child").
Name of Child

I hereby give Mississauga Croatia, its Executives, Assigns, Licensees and Legal Representatives the irrevocable right to use the name/photograph/image/audio recording/video recording and likeness of My Child (hereinafter "My Child's Image") in all forms and manner including but not limited to publication on Internet Web Sites, broadcasts and any other publications as released to or by Mississauga Croatia. I understand that Mississauga Croatia cannot control unauthorized use of My Child's Image by persons not associated with Mississauga Croatia once My Child's Image has been published. I hereby forever waive any right to inspect or approve any publication of My Child's Image by Mississauga Croatia. I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

DATE: _____

NAME: _____
(Please print)

TELEPHONE: _____

SIGNATURE: _____