

## Powassan Youth Soccer - Player Registration Form

**Mailing:** 168 English Line, Powassan, ON. P0H1Z0 **Phone:** 705-303-3201 or 226-686-8695

**Email:** powassan.soccer1@hotmail.com **Facebook Group:** Powassan Soccer

FAMILY INFORMATION			
Family (Last) Name:		Address:	
City:		Email Address: *please clearly print	
Home Phone #:		Cell Phone #:	
Parent/Guardian Name:		Emergency Contact. Name & Number:	
<b><u>COST:</u></b> 1 child \$45 2 children \$90 3+ children \$125	<b>Payment Options:</b> Cash _____ Cheque _____	**There will be a \$25.00 charge for NSF cheques**	<b>Total:</b> Received by:

**REGISTRATION DEADLINE TO GUARANTEE YOUR CHILD'S SPOT ON A TEAM:**  
**MAY 1st**

PLAYER PERSONAL INFORMATION				
Player's Name	Gender M/F	Birthday Year / Month / Day	T-Shirt Size Adult/Youth XS/SM/MD/LG/XL <i>*please circle choice*</i>	Playing Experience # of yrs
1			Adult / Youth XS/SM/MD/LG/XL	
2			Adult / Youth XS/SM/MD/LG/XL	
3			Adult / Youth XS/SM/MD/LG/XL	
4			Adult / Youth XS/SM/MD/LG/XL	

<b>Each player may select one player (including siblings) to play on the same team. ONE REQUEST PER CHILD.</b>	
1. Child's Name:	Request to be with:
2. Child's Name:	Request to be with:
3. Child's Name:	Request to be with:
4. Child's Name:	Request to be with:
<i>*There will only be one request per child, and ONLY IF each player has requested each other.</i>	

I give consent to have my child photographed:	Yes: _____	No: _____
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<b>VOLUNTEERS ARE ALWAYS NEEDED</b>		
Name:	Phone # :	Email Address:
Name:	Phone # :	Email Address:
<u>Circle how you would like to volunteer</u>		
Coach	Referee	Field setup
FUNDAY	Other	

### **WAIVER AND RELEASE OF LIABILITY/ACCEPTANCE OF TERMS AND CONDITIONS**

There is a potential risk of injury in training and participating in any sport. We have done our best to create a safe environment. The coach (es) has established rules for participation and for proper conduct on the field and they must be followed.

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

IN CONSIDERATION of allowing my minor child(ren)/ward to participate in the programs, activities and events of The Powassan Youth Soccer, I ASSURE TO YOU THAT: 1. I am the parent/guardian of the above named participant(s) having full legal responsibility for decisions regarding the above named participant(s). 2. I believe that my child(ren)/ward is physically, emotionally and mentally able to participate in the programs, activities and events of Powassan Youth Soccer. 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. Grass, turf and other surfaces including bacterial infections and rashes; c. Falls to the ground due to uneven or irregular terrain or surfaces; d. Collisions with fences, soccer equipment and/or other players; e. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment; f. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia; g. Contact, colliding or being struck by other participants, spectators, equipment or vehicles; h. Vigorous physical exertion and strenuous cardiovascular workouts; i. Exerting and stretching various muscle groups. 4. Furthermore, I am aware that my child(ren)/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(ren)/ward willingly and my child(ren)/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(ren)/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(ren)/ward might receive while participating in these events, activities and programs. 8. If something happens to my child(ren)/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: Powassan Youth Soccer participants, sponsors, volunteers, The Powassan Youth Soccer, officials and facility owners. I ACKNOWLEDGE MAKING THIS AGREEMENT By signing and dating below, you agree that you are the parent or legal guardian of the player(s) being registered and to be bound by this Legal Agreement even if you have not read the agreement. AGREEMENT I agree to abide by the published rules of The Powassan Youth Soccer Organization.

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_