



**Brantford Galaxy Youth Soccer Club (BGYSC)**  
**PLAYER REGISTRATION FORM (Under 18)**  
**2019 Outdoor Season**

PERSONAL INFORMATION			
Full Name:	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	_____		_____
	<i>Street Address</i>	<i>Apartment/Unit #</i>	
	_____	_____	_____
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Home Phone:	( ) _____	Business Phone:	( ) _____
Cell Number:	_____	E-mail Address:	_____
Birth Date: (y/m/d)	_____	OSA Registrant #	_____
		Gender:	_____
OHIP # (Optional):	_____	*OHIP Numbers are optional to collect and an optional field for this form*	

PLAYING HISTORY	
<b>ATTENTION: The "PLAYING HISTORY" section MUST be completed</b> – Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.	
Has the player <b>ever</b> 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 <b>last</b> register? _____
b)	With which Club did the player <b>last</b> register in another country? _____
c)	In which year did the player <b>last</b> register in another country? _____

CONSENT FOR USE OF PERSONAL INFORMATION	
I authorize the Canadian Soccer Association, Ontario Soccer, the Hamilton and District Soccer Association, and Brantford Galaxy Youth Soccer Club (BGYSC) to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer, District Association, League, and Soccer Organization.	
I understand that I may withdraw such consent related to receiving communications at any time by contacting the Ontario Soccer Privacy Officer at <a href="mailto:privacy@ontariosoccer.ca">privacy@ontariosoccer.ca</a> or by mail to: <b>Attention: Privacy Officer, Ontario Soccer, 7601 Martin Grove Road, Vaughan ON L4L 9E4.</b> The Privacy Officer will advise the implications of such withdrawal.	
<b>*We do not sell or distribute your personal information to any other third party not listed herein.*</b>	

ACCEPTANCE OF TERMS AND CONDITIONS	
In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer, District Association, and Brantford Galaxy Youth Soccer Club, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:	
<ol style="list-style-type: none"> <li>I understand that I cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in Ontario Soccer's computerized registration system</li> <li>I have read and understand the waiver attached and my signature affixed hereto indicates my agreement with such waiver.</li> <li>I am aware of Ontario Soccer, District Association and Club/Academy's and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.</li> <li>I accept sole responsibility for my personal possessions and athletic equipment and accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.</li> <li>I grant permission to the Organization to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape and to use this material to promote the sport of soccer and the Organizations through the media of newsletters, websites, television, film, radio, print and/or other form. I understand I waive any claim to remuneration for use of audio/visual materials used for these purposes.</li> <li>I agree to pay a \$30.00 administration fee for NSF cheques.</li> <li>I am aware that there will be no refunds after the roster has been established.</li> </ol>	
I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.	

_____	_____	_____
Name of Parent/Guardian (please print)	Signature of Parent/Guardian	Date

<b>For use by CLUB REGISTRAR</b> Verification of Birthdate: ___ Birth Certificate ___ Player Book ___ Other SIGNATURE _____ Date _____	<b>For Club Use Only</b> Player Classification _____ Team Name _____ Division _____ League _____
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**ONTARIO SOCCER PARTICIPANT'S AGREEMENT**  
*(To be used by players under the age of 18)*

Name of Participant: \_\_\_\_\_ Age of Participant \_\_\_\_\_

**ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS**

I participate in the game of soccer because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to this activity. The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dryland training including weights, running and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes
- Injuries from collisions with walls and soccer equipment
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment
- Spinal cord injuries which may render me permanently paralyzed
- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts
- Injuries from exerting and stretching various muscle groups; and
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in soccer can be severe;
- That I may experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

**I AGREE TO BE RESPONSIBLE FOR MYSELF**

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Ontario Soccer, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and representative.

**INSURANCE**

Executing this agreement may not preclude you from insurance coverage.

**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.

\_\_\_\_\_  
Signature of Participant (if over 13)

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

\_\_\_\_\_  
Date