



Markham Soccer Club

Outdoor – Summer 2010

ADULT HOUSE LEAGUE

Player Registration

For players born 1991 or earlier

For Office Use Only		
<input type="checkbox"/> cheque	<input type="checkbox"/> cash	<input type="checkbox"/> credit
Date _____		
Amt _____		

Registration Cost & Fees

Adult	Fee
Player	\$220
Goalie	\$170

Fees:
 NSF Cheques \$40 Cancellation \$35
No Post-Dated Cheques. Make cheques payable to:
Markham Soccer Club

REFUNDS: Refunds can only be processed if the cancellation is received in writing to Eira Keay **prior to May 1. No refund for any reason after May 1** (except for wait-listed players).

This form can only be processed if:
 It is completed in full; signed; accompanied by a cheque for the correct amount and, accompanied by proof of age for any players new to this club (copy of birth certificate). Return the completed form with cheque made out to the Markham Soccer Club to Eira Keay, 17 Rose Way, Markham, ON

Preference to Town of Markham residents until **Feb 15**. Others put on a reserve list then assigned after Feb 15 based on available space. This is a private club. This application may be accepted or not accepted at the discretion of the Board of Directors.

We do not accept special requests

PLAYER INFORMATION

PLEASE PRINT

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
First Name	Last Name	F	M	Gender
_____		_____		D D M M Y Y
Street Address		Apt #		Birth Date
_____	_____	_____		
Town/City	Postal code	DOB Verified		
_____	_____	_____		
Home Phone Number	Business / Cell (circle one)	Email Address		

Last Soccer Registration: Club _____ Year _____ Ever register outside Canada? Country _____ Year _____				

VOLUNTEER & SPONSOR INFORMATION

As a volunteer organization, we need your help. Enthusiasm appreciated - Experience is not mandatory.

_____	DD	MM	YY	_____
Volunteer Name(s) or Sponsor Contact & Company Name	Coach Birth Date			Coach Level
Position: Coach <input type="checkbox"/>	Assistant Coach <input type="checkbox"/>	Convenor <input type="checkbox"/>	Other Volunteer Role <input type="checkbox"/>	SPONSOR <input type="checkbox"/>

PRIVACY

I authorize the Markham Soccer Club and its Governing Bodies to collect and use personal information about me for the purpose of communication; and the disclosure of my name and address to the Town of Markham for the purpose of securing fields. We do not sell your personal information to any third parties. This information is disclosed to those who have a need to use that information to support the operation of the Club.
 If you wish to be excluded from receiving communications from the Club's Governing Bodies, please check the box.

AGREEMENT (you must review the Participation Agreement on the reverse of this form before signing below)

I agree to participate in the activities of the Markham Soccer Club. I understand and accept that there is a potential risk in training and participating in any sport; and, that the club tries to create a safe environment. I agree not to hold the Markham Soccer Club, its Directors or other club volunteers liable for any damages; loss; or injury sustained by me as a consequence of my participation in; or presence at; any programs, games or other activities of the Markham Soccer Club and I hereby release them from such claims. I agree on my behalf and on behalf of any other family members who may attend practices, games or club events to abide by the rules, policies and decisions of the Markham Soccer Club and its governing bodies (YRSA, OSA, CSA, FIFA). The Club has established rules for participation. Proper conduct on and about the field must be followed. A player is allowed a maximum of three weeks off for vacation. I understand that a player may be removed from a league/team if more than three weeks are missed; or, if the continued participation by this player will result in safety concerns or otherwise adversely affect the enjoyment of the game by other players on the team / in that league. I specifically grant permission to the Markham Soccer Club to use my likeness, voice and words in television, radio, film, newsletters, magazines, and other media; and, in any form not heretofore described, for the purpose of advertising or communicating activities of the Markham Soccer Club.

I hereby certify that all of the information provided on this form is accurate and complete. I have read and understood, and I accept, all of the terms and conditions that are stipulated in this registration document, including those shown on the reverse of this form.

_____	_____
Printed first name of person signing this form	Printed last name
_____	_____
Signature	Date

PARTICIPATION AGREEMENT

By signing this document you will waive certain legal rights.

PLEASE READ CAREFULLY.

IN CONSIDERATION of allowing me to participate in the programs, activities and events of The Markham Soccer Club.

I ASSURE TO YOU THAT:

1. 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 that are an integral part of the organization's activities.

2. Furthermore, I am aware that I may:

- a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
- b. Experience anxiety while challenging myself 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 I follow all rules established for participation; and
- e. Risk of injury increases as I 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:

1. I am registering myself willingly and my I am participating voluntarily in these activities, events and programs.
2. I agree that there are risks in soccer as described above and I will be exposed to these risks and hazards.
3. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss that I might receive while participating in these events, activities and programs.
4. If something happens to me, I **release** the organizers of responsibility for any claims, demands, actions and costs that might arise out of my participation. I understand "Organizers" to mean: The Markham Soccer Club, its Governing organizations, Leagues, other Clubs and Districts 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 understand that by signing the form on the reverse side of this page, I am agreeing to this Participation Agreement in its entirety.

SUBMISSION

Please mail or deliver forms to:

Mailing Address: MSC C/O Eira Keay, 17 Rose Way, Markham On. L3P3R2

REMEMBER

Form signed

Cheque attached

(made out to Markham Soccer Club)

Proof of Age for players new to the Club

(must be photocopy)

C/O Eira Keay

17 Rose Way, Markham On, L3P3R2

Email: ekeay@rogers.com Phone: (905) 294-8193