



# 2021 OUTDOOR SOCCER TRAVEL PLAYER REGISTRATION FORM

**West Lincoln Youth Soccer Club - P.O. Box 439, Smithville ON L0R 2A0**  
Email: [wlysc@hotmail.com](mailto:wlysc@hotmail.com) Website: [www.westlincolnsoccerclub.ca](http://www.westlincolnsoccerclub.ca)

Information contained in the participant's agreement includes: Consent for use of personal information, acceptance of terms and conditions, waiver and release of liability for players over the age of 18 years, participant's agreement for players under the age of 18 years and acknowledgement of agreement. Please read carefully!

**NOTE: SIGNATURES ARE REQUIRED ON THIS FORM (FRONT AND BACK) – PLEASE PRINT**

| <b>PERSONAL INFORMATION</b>              |   |
|--|---|
| Full Name:                               |   |
| First                                    | Last  |
| Full Address:<br>(including postal code) |   |
| Home Phone:                              | Alternate Phone:  |
| Email Address:                           |   |
| Birth Date:<br>(example - Jan. 1, 2021)  | Proof of Birthdate - Birth Cert. Health Card Other (Indicate) |
| Gender: M F (Please circle)              |   |

| <b>2021 FEES FOR TRAVEL AGE GROUPS</b> |           |        |                          |  |           |           |                                 |
|--|-----------|--------|--------------------------|--|-----------|-----------|---------------------------------|
| 2005-2006                              | U16 Girls | \$400* | <input type="checkbox"/> |  | 2008-2009 | U13 Girls | \$400* <input type="checkbox"/> |
|  |           |        |                          |  | 2010-2011 | U11 Girls | \$350* <input type="checkbox"/> |

\*This fee is based on the players using their uniforms from 2020 for the 2021 season.

| <b>IMPORTANT PAYMENT INFORMATION</b>   |
|--|
| <b>Cheques or Money Orders are made payable to: WLYSC (West Lincoln Youth Soccer Club)</b>   |
| Cheque Policy: N.S.F. cheques will cancel your registration. Full payment will be required within 7 days from the date your cheques is returned from the bank or the player will no longer keep their position with a team. An NSF and administration charge of \$25.00 must be added to the registration fee with the re-submission. <b>Fees of \$40.00 will apply to any late registration after April 15, 2021.</b> |
| Refunds are subject to a \$15 administration fee per player. All refunds must be requested in writing. There will be no refunds after June 15, 2021.   |

| <b>ACCEPTANCE OF TERMS AND CONDITIONS</b>   |
|---|
| In consideration of the acceptance of my membership in Ontario Soccer (OS), District Association and WLYSC, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:   |
| 1. I understand that I or 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 OS 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 OS, NSA and the WLYSC, 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 me 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 (consisting of two pages) in its entirety and that I have executed this registration agreement voluntarily. Further, by signing and dating below I agree that either I am the player being registered or the parent/guardian of the registered player and to be bound by this legal agreement even if the agreement has not been read. |

| <b>CONSENT FOR USE OF PERSONAL INFORMATION</b>  |
|---|
| I authorize the Ontario Soccer, Niagara Soccer Association and the West Lincoln Youth Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communications from the Ontario Soccer League and Club.  |
| I understand that I may withdraw consent to collection, use or disclosure of me or my child/ward's personal information at any time by contacting the OS Privacy Officer at OSPrivacyOfficer@soccer.on.ca or by mail to: Attention of the OS Privacy Officer, Ontario Soccer, 7601 Martin Grove Road, Vaughan ON L4L 9E4. |
| <b>*We do not sell or distribute your personal information to any other third party not listed herein.*</b>   |

|  |   |                                 |
|--|---|---------------------------------|
| Signature of Parent/Guardian           | Signature of Participant (if 13 and over) | Date                            |
| For use by Board Member only:          |   |                                 |
| Payment: Cash <input type="checkbox"/> | Money Order <input type="checkbox"/>      | Cheque <input type="checkbox"/> |
| Cheque # _____                         | Institution _____                         | Amount Paid \$ _____            |
| Date Rec'd: _____                      | Processed by: _____                       |                                 |

**ONTARIO SOCCER - PARTICIPANT'S AGREEMENT**  
**(To be used for Players under the age of 18).**  
**PLEASE READ CAREFULLY.**

Name of Participant: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

**ALL PROGRAMS AND ACTIVITIES HAVE THEIR 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: The 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.

\_\_\_\_\_  
Name of Participant (If over the age of 13)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (If over the age of 13)

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

\_\_\_\_\_  
Date