



# Markham Soccer Club

## Outdoor – Summer 2009

### YOUTH HOUSE LEAGUE

### Player Registration

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

<p><b>Registration Cost, Fees &amp; Refunds</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Birth Year</th> <th style="text-align: left;"># Nights</th> <th style="text-align: left;">Registration Cost</th> </tr> </thead> <tbody> <tr> <td>1991 – 2003</td> <td>2</td> <td>\$210</td> </tr> <tr> <td>2004-05-06 (only)</td> <td>1</td> <td>\$130</td> </tr> </tbody> </table> <p><b>No refund for any reason after May 1</b> (except for wait-listed players).</p> <p>NSF Cheques \$40      Cancellation \$35</p> <p><b>No Post-Dated Cheques – Make Cheques Payable to the Markham Soccer Club</b></p>	Birth Year	# Nights	Registration Cost	1991 – 2003	2	\$210	2004-05-06 (only)	1	\$130	<p>Refunds can only be processed if the cancellation is received in writing by the Club Office <b>prior to May 1.</b></p> <p><b>This form can only be processed if:</b> It is completed in full; signed; accompanied by a cheque for the correct amount (one cheque per form); and, accompanied by proof of age for any players new to this club (copy of birth certificate). Drop the completed form with cheque(s) made out to the Markham Soccer Club at the Club office at Mount Joy or mail to the address at the bottom of the reverse side.</p>	<p>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.</p> <p style="font-size: 1.2em; color: red; text-align: center;"><b>We do not accept special requests.</b></p>
Birth Year	# Nights	Registration Cost									
1991 – 2003	2	\$210									
2004-05-06 (only)	1	\$130									

PLAYER INFORMATION		PLEASE PRINT
<p>_____</p> <p><b>First Name</b></p>	<p>_____</p> <p><b>Last Name</b></p>	<p style="text-align: right;"><input type="checkbox"/> M    <input type="checkbox"/> F</p> <p style="text-align: right;"><b>Gender</b></p>
<p>_____</p> <p><b>Street Address</b></p>		<p>_____</p> <p><b>Apt #</b></p>
<p>_____</p> <p><b>Town/City</b></p>	<p>_____</p> <p><b>Postal code</b></p>	<p style="text-align: center;">D D M M Y Y</p> <p style="text-align: center;"><b>Birth Date</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">DOB Verified</p>
<p>_____</p> <p><b>Home Phone Number</b></p>	<p>_____</p> <p><b>Business / Cell Number</b></p>	<p>_____</p> <p><b>Email Address (Parent / Player 18+)</b></p>
<p><b>Last Soccer Registration:</b> Club _____ Year _____    Ever register outside Canada? Country _____ Year _____</p>		
<p><b>Vacation</b> (When games will be missed)</p> <p style="text-align: center;">From: _____ To: _____</p>	<p><b>Under 5 Players (born 2004) Preferred Playing Night:</b> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Either One <input type="checkbox"/></p> <p><b>Under 4 Players (born 2005) Preferred Playing Night:</b> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Either One <input type="checkbox"/></p>	

VOLUNTEER & SPONSOR INFORMATION	
<p>As a volunteer organization, we need your help. Enthusiasm appreciated - Experience is not mandatory.</p>	
<p>_____</p> <p><b>Volunteer Name(s) or Sponsor Contact &amp; Company Name</b></p>	<p style="text-align: center;">DD MM YY</p> <p style="text-align: center;"><b>Coach Birth Date</b></p>
<p><b>Position:</b> Coach <input type="checkbox"/>    Assistant Coach <input type="checkbox"/>    Convenor <input type="checkbox"/>    Other Volunteer Role <input type="checkbox"/></p>	<p style="text-align: right;"><b>Coach Level</b> _____</p> <p style="text-align: right;"><b>SPONSOR</b> <input type="checkbox"/></p>

PRIVACY
<p>I authorize the Markham Soccer Club and its Governing Bodies to collect and use personal information about me or my child/ward for the purpose of communication; and the disclosure of my or my child/ward's 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.</p> <p>If you wish to be excluded from receiving communications from the Club's Governing Bodies, please check the box. <input type="checkbox"/></p>

AGREEMENT (you must review the Participation Agreement on the reverse of this form before signing below)
<p>I agree to participate (or to allow this child to participate, if signing on behalf of a minor) 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 this child and/or by me as a consequence of his/her/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.</p> <p>I agree on my behalf (and on behalf of this child if signing for a minor) 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/my child's 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.</p> <p><b>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.</b></p>

<p>_____</p> <p><b>Printed first name of person signing this form</b></p>	<p>_____</p> <p><b>Printed last name</b></p>	<p>_____</p> <p><b>Relationship to this Player</b></p>
<p>_____</p> <p><b>Signature – (Must be a Parent, Guardian or a player who is age 18)</b></p>		<p>_____</p> <p><b>Date</b></p>

## PARTICIPATION AGREEMENT

FOR THOSE UNDER 18 YRS

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

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities and events of The Markham Soccer Club,

### I ASSURE TO YOU THAT:

1. I am the parent/guardian of the registrant named in the registration form on the reverse of this page, and I have full legal responsibility for decisions regarding this registrant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the Markham Soccer Club.
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 that 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:

1. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
2. I agree that there are risks in soccer as described above and my child/ward 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 my minor child/ward might receive while participating in these events, activities and programs.
4. If something happens to my child/ward, I **release** the organizers of responsibility for any claims, demands, actions and costs that might arise out of my child/ward's 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 & PAYMENT OPTIONS

<b>Please mail or deliver forms to:</b>	<b>Mailing Address:</b> P.O. Box 476 Markham, Ontario L3P 3R1
	<b>Club Office:</b> 6140 16th Ave. - Mount Joy Soccer Centre

You have the option to register through our website (and make payment using a credit card). You can also make payment by credit card at our Open Registration Nights or in person during club office business hours.

## ADDITIONAL INFORMATION

<b>For additional information:</b>	<b>1. Information Package:</b> The attached information package provides the majority of info you may need.
	<b>2. Website</b> <a href="http://www.markhamsoccer.org">http://www.markhamsoccer.org</a>
	<b>3. Open Registration:</b> Come to Open Registration and ask your questions there.
	<b>4. Phone</b> 905-472-2869
We ask that you try the options in this order. It is very difficult to return phone calls in the peak season.	

**REMEMBER**     Form signed     Cheque attached (made out to Markham Soccer Club)     Proof of Age for players new to the Club (must be photocopy)

### Markham Soccer Club

P.O. Box 476, Markham, Ontario, L3P 3R1  
Phone: 905-472-2869    Fax: 905-472-5252