



Celebrating 25 Years

2020 PLAYER REGISTRATION FORM

Mail to: South Dundas Soccer Association
 PO Box 618, Morrisburg, ON K0C 1X0
 (613) 543-2168 – <http://www.southdundassoccer.org>
 info@southdundassoccer.org

REGISTRATION FEE OF \$40.00 PER YOUTH IS DUE BY APRIL 4, 2020

After April 4, 2020 – Registration fee is \$70 per youth

PLAYER INFORMATION:		DATE OF BIRTH	
FIRST NAME	LAST NAME	dd/mm/yy(must be born between 2002-2016)	GENDER
MAILING & CIVIC ADDRESS		CITY	PROVINCE
PRIMARY TELEPHONE CONTACT FOR PARENT/GUARDIAN		PRIMARY EMAIL CONTACT	
NAME OF SCHOOL PLAYER ATTENDS		CIRCLE SHIRT SIZE	
		Youth 6/8(YS) 10/12(YM) 14/16(YL) Adult – SM M L XL 2XL	
PLEASE DESCRIBE ANY MEDICAL PROBLEMS, ALLERGIES, OR DISABILITIES THAT WE SHOULD BE AWARE OF:			
KINDLY NOTE: SIBLINGS IN THE SAME DIVISION WILL BE PLACED ON THE SAME TEAM UNLESS OTHERWISE SPECIFIED. NO OTHER PLAYER REQUESTS FOR TEAMS OR PLAYER PAIRINGS WILL BE HONOURED. PLAYERS MUST PLAY IN THE AGE APPROPRIATE LEVEL AND CANNOT MOVE UP OR DOWN IN LEVELS.			

PARENT OR GUARDIAN INFORMATION:

FIRST AND LAST NAME	ADDRESS	PHONE NUMBER	E-MAIL ADDRESS

VOLUNTEER INFORMATION: Volunteers are needed for Coaching, Refereeing, Canteen, Grounds Crew and for the Annual Tournament. Please indicate where you would like to assist. Adult volunteers require a valid Vulnerable Sector Check on file.

NAME _____ COACH CANTEEN FIELD MAINTENANCE FUNDRAISING TOURNAMENT

PAYMENT METHOD: Cash: _____ Cheque: _____ Interac Email Transfer: _____ (Please add \$1.00 fee for Interac ETF)

ROWAN’S LAW - CONCUSSION AWARENESS: I, _____ (name) confirm that I have reviewed a Concussion Awareness Resource as provided by the Ontario government and available on the South Dundas Soccer website.

PARENT/GUARDIAN SIGNATURE X _____ DATE SIGNED: _____

PHOTOGRAPHY WAIVER: I hereby permit the use of my child’s team picture or candid sport photos shot on the South Dundas Soccer Association’s website and/or other promotional material including in any coverage by newspapers or other legitimate media. All other use of my child’s picture is prohibited. If form is not signed, no consent is assumed.

PRINT MEDIA ALLOWED [YES / NO] – ONLINE ALLOWED [YES / NO] – SOCIAL MEDIA ALLOWED [YES / NO]

PARENT/GUARDIAN SIGNATURE X _____ DATE SIGNED: _____

WAIVER OF LIABILITY: I realize there is potential risk of injury from the activities involved in this program. I knowingly and freely assume all such risks, both know and unknown. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the South Dundas Soccer Association, their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. As parent/guardian with legal responsibility for this participant, I hereby consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my child’s involvement or participation in the program as provided above.

PARENT/GUARDIAN SIGNATURE X _____ DATE SIGNED: _____