



## Player Registration Form

Please print clearly. One form per player.

**Prescott & District Soccer Association**

**P.O. Box 1348 Prescott, ON K0E 1T0**

**E-mail : [pdsoccerinfo@yahoo.ca](mailto:pdsoccerinfo@yahoo.ca)**

**Website : [www.pdsoccer.ca](http://www.pdsoccer.ca)**

First Name	Last Name	
Mailing Address	Town	Postal Code
Telephone #	Second Phone # (Cell, work, other - circle)	E-mail Address
Date of Birth (mm/dd/yyyy) M /            D/            Y/	Player Gender (circle) Male            Female	Did player play in P.D.S.A last year? (circle) Yes            No            Never played
Division for this Season (circle) U5    U7    U9    U11    U14    U18	Parent/Guardians Name(s)	

**Use of Player's Picture**

From time to time your son's/daughter's soccer pictures may be posted on our website. Do you give P.D.S.A. permission to put your son's/daughter's picture on our website? Please circle Yes No      Signature

**Equipment**

Players are supplied with a team shirt, shorts, and socks to keep. Shin pads are a requirement of P.D.S.A. and must be covered by socks. Soccer shoes are recommended, but not required. However, shoes have to be suitable for playing soccer.

**Use of Personal Information**

The P.D.S.A. Executive will only collect, utilize and disclose personal information for administrative purposes.

**Registrations**

P.D.S.A. holds three regular registrations. Any registrations after the regular registrations will be deemed late and subject to a late fee of \$20 per player. After April 7th, all players will be put on a waiting list and will not be guaranteed to participate. Registration forms can be mailed in to the above address between February 1st and last regular registration date with no late fee. After that, the late fee must be included in the player registration cost. **NO REFUNDS.**

**Acceptance of Terms and Conditions**

In consideration of the acceptance of my membership in the Prescott & District Soccer Association, I, the participant and parent/guardian if under 18 agree as follows: I understand that I cannot play in any sanctioned soccer game until this registration form has been validated. I accept liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling. I have read and understand the Equipment, Parent/Guardian Statements on this form. I have read and understand the registration policy. I agree to abide by the following registration policy and also the published policies of my league and my club (Prescott & District Soccer Association). I understand as a registrant of my league and my club that I may receive information from time to time related to soccer events, programs and services. P.D.S.A. has the right to move players to balance the teams as they see fit, up to the first month (30 days) of the official opening of the season.

Administrative Use Only			
Cost	\$		Proof of Birth:    Health Card    Birth Certificate
Late Fee	\$		<u>Comments</u>
Total Cost	\$		
Method of Payment		Cash    Cheque	
Transaction #			

**Turn over**

**PRESCOTT & DISTRICT SOCCER ASSOCIATION  
Waiver/Participants Agreement**

**ALL SPORTS, INCLUDING SOCCER, HAS ITS RISKS**

I participate in the sport of soccer because it is physically and mentally changing 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 soccer. The risks and hazards of soccer include, but are not limited:

- Injuries from executing strenuous and demanding physical techniques in soccer,
- Injuries from grass, turf and other surfaces including bacterial infections and rashes,
- Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces,
- 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 condition 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 come in close contact with other participants, including the possibilities of accidental and unexpected touching,
- That I may experience anxiety while challenging myself during the activities,
- 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, event 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 Prescott and District Soccer Association, its directors, officers, members, employees, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities, and representatives.

**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 and the information I have provided is correct.

Printed Name of Participant

Signature of Participant (if over 16)

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Printed Name of Parent or Guardian

Signature of Parent or Guardian (if under 16)

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\_\_\_\_\_

Date \_\_\_\_\_