



# 2011/2012 Trialist Application

## Primary Information

Player Name:	Parent(s) Name(s):
Home Address:	Date of birth:
E-mail:	Current Club:
Home Number:	Cell number:

## Health

Medical conditions:	
Previous Injuries:	
Emergency contact:	Number:

## Playing History:

Years playing competitive:	Strengths:
Favorite position:	Areas for Improvement:
Position being played most often:	Other Sports:

Comments:
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### ONTARIO SOCCER ASSOCIATION PARTICIPATION AGREEMENT FOR PLAYERS UNDER 18 YRS

By signing the Club's portion of 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 Ontario Soccer Association, I ASSURE TO YOU THAT:

I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.

I believe that my child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of The Ontario Soccer Association.

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:

Executing strenuous and demanding physical techniques in soccerDryland training including weights, running and massage;Grass, turf and other surfaces including bacterial infections and rashes; Falls to the ground due to uneven or irregular terrain or surfaces; Collisions with walls and soccer equipment; Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment; Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia; Contact, colliding or being struck by other participants, spectators, equipment or vehicles; Vigorous physical exertion and strenuous cardiovascular workouts; 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 my child/ward may: Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal; Experience anxiety while challenging himself/herself during the activities, events and programs; Come into close contact with other participants, including the possibility of accidental and unexpected contact; Risk of injury is reduced if he/she follows all rules established for participation; and 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 the Club's portion of this document constitutes:

I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.

I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.

I agree to accept all these risks and hazards and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.

If something happens to my child/ward, I release the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand "Organizers" to mean: The Ontario Soccer Association, District Associations, Leagues, Clubs 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,

### ACKNOWLEDGEMENT, ASSIGNMENT, TRANSFER & RELEASE

In the course of this activity that is open to the public, photographs or other recordings may be taken or made of the player to whom this registration form pertains. I give approval thereto including, but not limited to, the placing of photographs in publications (incl. Website). I hereby assign and transfer to the MHYSC any rights including copyright. In consideration of the acceptance of my child/ward's membership or my own membership, in the Ontario Soccer Association, District Association and Club, I, the parent/guardian (for the participant under 18 years of age), or I as the participant, agree as follows:

I have reviewed the participation agreement or waiver and my signature affixed hereto indicates my agreement with such participation agreement or waiver.

I am aware of The Ontario Soccer Association, Hamilton & District Association, Mount Hamilton Youth Soccer Club and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.

I accept sole responsibility for my child/ward's, or my own as the participant, personal possessions and athletic equipment.

I accept all liability for any damage to the playing equipment caused by my child/ward's, or me as the participant, careless, negligent and/or improper handling.

By signing and dating below, you agree that you are the parent or legal guardian of the player, or the player, being registered and to be bound by this Legal Agreement even if you have not read the agreement.

X \_\_\_\_\_  
Signature - Parent/Guardian or Player (if 18 or older)

Date/City: \_\_\_\_\_

### Fee: \$5/Tryout

All participants must wear a white tee shirt, shorts, socks, shin guards, cleats and bring their own drinks. (No club uniforms)  
Once a session has started, players may not go back to parents unless they are leaving the try-out.