

Drayton Minor Soccer Registration Form

Name:	LAST	FIRST	
Address:	Street	City	Postal Code
Phone:		Date of Birth:	Age Group:
Email:		Gender:	
Parent's Names			
OSA #:			
Medical Issues:			
Club Registration #	CD046427	Club Name:	Drayton Minor Soccer
Playing History:	<input type="checkbox"/> Played Before <input type="checkbox"/> Never Played Before		
Fees:	Uniform Deposit <u> N/A </u>	Registration Fee _____	Late Fee _____

CONSENT FOR USE OF PERSONAL INFORMATION AND PUBLICATION:

I authorize the Canadian Soccer Association, the Ontario Soccer Association, SWRSA, NPSL and Drayton Minor Soccer (DMS) to collect and use personal information about me and or my child/ward for the purpose of receiving communications from the Ontario Soccer Association, SWRSA, NPSL, League and Club.

I authorize the use of

1. *personal information* _____ (initial)
2. *photographs* _____ (initial)

of my son/daughter to be used within Drayton Minor Soccer publications. Personal information that may be posted would include: Stats, awards, prizes, or accomplishments achieved by my son/daughter, events or activities that my son or daughter may be involved, Year of Birth of my son or daughter DMS Publications may include: the Drayton Minor Soccer web site (www.draytonminorsoccer.ca), Newspapers, and Newsletters. This information can be viewed by anyone that accesses the Drayton Minor Soccer website, or publications, and if consent were withheld, this posting and publication would not occur. I give this consent voluntarily, and understand that I may withdraw this consent at anytime, in writing.

ACCEPTANCE OF TERMS AND CONDITIONS:

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer Association, SWRSA, NPSL, District Association and Club, 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 The Ontario Soccer Association's 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 The Ontario Soccer Association, SWRSA, Drayton Minor Soccer, NPSL 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 my 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 in its entirety and that I have executed this registration agreement voluntarily and agree to the Terms and Conditions listed on page 2.

Signature of Participant (if age 18 or over)/Parent/Guardian

Date

For Use by Club			
Verification of Birth Date	Birth Certificate	Other _____	
Club Official's Signature		Date:	
Registration Cheque #	Uniform Cheque # N/A		

ACCEPTANCE OF TERMS AND CONDITIONS

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a Participant in activities, programs, classes, services provided and events sponsored or organized by Ontario Soccer and its affiliated districts, leagues, clubs and teams (collectively the "Organization") and the sport of soccer, including but not limited to: games, tournaments, practices, training, personal training, dry land training, use of strength training and fitness conditioning equipment, machines and facilities, nutritional and dietary programs, orientational or instructional sessions or lessons, aerobic and anaerobic conditioning programs (collectively the "Activities"), the undersigned being the Participant and Participant's Parent/Guardian (collectively the "Parties") acknowledges and agrees to the following terms outlined in this agreement:

2. I am the Parent/Guardian of the Participant and have full legal responsibility for the decisions of the Participant.

Description of Risks

3. The Parties understand and acknowledge that:

- a. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life;
- b. The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming;
- c. The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of the Participant's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction; and
- d. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that the Participant will not become infected with COVID-19. Further, attending the Activities could increase your risk of contracting COVID-19.

4. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers and hazards. The risks, dangers and hazards include, but are not limited to:

1. Contracting COVID-19 or any other contagious disease;
2. Executing strenuous and demanding physical techniques;
3. Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
4. Exerting and stretching various muscle groups;
5. The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
6. Spinal cord injuries which may render the Participant permanently paralyzed;
7. Serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the Participant's body or to the Participant's general health and well-being;
8. Abrasions, sprains, strains, fractures, or dislocations;
9. Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma;
10. Physical contact with other participants, spectators, equipment, and hazards;
11. Not wearing appropriate safety or protective equipment, such a helmet;
12. Failure to act safely or within the Participant's ability or within designated areas;
13. Grass, turf, and other surfaces including bacterial infections and rashes;
14. Collisions with fences, poles, stands, and soccer equipment;
15. Negligence of other persons, including other spectators, participants, or employees;
16. Weather conditions; and
17. Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities

I have read, understand and agree to be bound by paragraphs 1-4.

NAME

DATE

INITIALS

WAIVER CONTINUED

Terms

5. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
1. That the Participant's mental and physical condition is appropriate to participate in the Activities;
 2. That when the Participant practices or train in his or her own space, the Parties are responsible for the Participant's surroundings and the location and equipment that is selected for the Participant;
 3. To comply with the rules and regulations for participation in the Activities;
 4. To comply with the rules of the facility or equipment;
 5. That if the Participant observes an unusual significant hazard or risk, the Participant will remove themselves from participation and bring such to the attention of an Organization representative immediately;
 6. The risks associated with the Activities are increased when the Participant is impaired and the Participant agrees not to participate if impaired in any way;
 7. That it is their sole responsibility to assess whether any Activities are too difficult for the Participant. By the Participant commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity;
 8. That they are responsible for the choice of the Participant's protective equipment and the secure fitting of the protective equipment;
 9. That COVID-19 is contagious in nature and the Participant may be exposed to or infected by COVID-19 and such exposure may result in personal injury, illness, permanent disability or death and voluntarily agree to assume all of the foregoing risks.
6. In consideration of the Organization allowing the Participant to participate, the Parties agree:
1. That the Parties are not relying on any oral or written statements made by the Organization or their agents, whether in brochure or advertisement or in individual conversations, to agree to be involved in the Activities; and
 2. That the Organization is not responsible or liable for any damage to the Participant's vehicle, property, or equipment that may occur as a result of the Activities.

I have read, understand and agree to be bound by paragraphs 5-6.

NAME

DATE

INITIALS

WAIVER CONTINUED

General

7. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the province of Ontario, Canada and they further agree that the substantive law of Ontario will apply without regard to conflict of law rules.

8. The Parties expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement

10. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

I (participant) have read, understand and agree to be bound the waiver above.

PARTICIPANT'S NAME

DOB

SIGNATURE (IF 18+)

I/we (parent/guardian) have read, understand and agree to be bound by the waiver above

NAME

DATE

SIGNATURE

Rowan's Law: Concussion Awareness Resources

Emergency situations

Call 911 if the person is unconscious, has lost consciousness or had a seizure.

If they are conscious:

- visit an emergency room or a health care practitioner
- contact Telehealth Ontario at [1-866-797-0000](tel:1-866-797-0000) to get health advice or information

Symptoms may appear hours or days after an injury, especially in children and the elderly. If symptoms appear or persist, visit a physician or nurse practitioner.

This information is not for emergencies. For emergencies, please call 911 or go to your nearest hospital or emergency department. It is also not intended to provide medical advice. For advice on health care for concussion symptoms, please consult with a physician or nurse practitioner.

Recognize symptoms of a concussion

Everyone can help recognize a possible concussion if they know what to look for.

A person with a concussion might have any of the signs or symptoms listed below. They might show up right away or hours, or even days later. Just one sign or symptom is enough to suspect a concussion. Most people with a concussion **do not** lose consciousness.

Common signs and symptoms

Physical

- Headache
- Pressure in the head
- Dizziness
- Nausea or vomiting
- Blurred vision
- Sensitivity to light or sound
- Ringing in the ears
- Balance problems
- Tired or low energy
- Drowsiness
- "Don't feel right"

Sleep-related

- Sleeping more or less than usual
- Having a hard time falling asleep

Cognitive (Thinking)

- Not thinking clearly
- Slower thinking
- Feeling confused
- Problems concentrating
- Problems remembering

Emotional

- Irritability (easily upset or angered)
- Depression
- Sadness
- Nervous or anxious

Red Flags

“Red flags” may mean the person has a more serious injury. Treat red flags as an emergency and call 911.

Red flags include:

- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused

What to do if you suspect a concussion

Follow these three steps if you — or someone you know — experiences a blow to the head, face, neck or body and you suspect a concussion. Call 911 if you are concerned the injury is life-threatening, such as the person is unconscious or they had a seizure.

1. Recognize signs and symptoms of a concussion and remove yourself or the athlete from the sport/physical activity, even if you feel OK or they insist they are OK.
2. Get yourself or the athlete checked out by a physician or nurse practitioner.
3. Support gradual return to school and sport.

These resources are not intended to provide medical advice relating to health care. For advice on health care for concussion symptoms, please consult with a physician or nurse practitioner.

Government of Ontario Concussion Awareness Resource e-booklet

Concussion awareness e-booklets can be found at the following links on the Ontario government's Rowan's Law webpage (<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>)

[Ages 10 and Under](#)

[Ages 11-14](#)

[Ages 15+](#)

Review of Concussion Awareness Resource Waiver

Thank you for completing your review of the Concussion Awareness Resource.

- Under *Rowan's Law*, your sport organization will ask you to confirm that you reviewed one of the Concussion Awareness Resources in this website (Ontario.ca/concussions) before you can register/participate in a sport.
- You must review one of the resources once a year, and then confirm that you have completed the review every time you register with a sport organization

Receipt of Review

I, _____ (name) confirm that I have reviewed a Concussion Awareness Resource.

Signature

Date

Disclaimer: Your completion of this form will not constitute confirmation that you have reviewed the concussion awareness resources for the purpose of *Rowan's Law (Concussion Safety), 2018*. If you want to use this form to show that you have reviewed the concussion awareness resources, you must provide the completed form to your sport organization(s). This form will not be saved by the Government of Ontario and the Government of Ontario assumes no responsibility for confirming that you have reviewed the concussion awareness resource.

Concussion Code of Conduct for Athletes and Parents/Guardians

(for athletes under 18 year of age)

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.

- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process* (I will have to follow my sport organization's Return-to-Sport Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete Name: _____ **Signature:** _____

Parent/Guardian Signature (of athletes who are under 18 years of age): _____

Date: _____