

SECTION 1	PERSONAL INFORMATION		
Full Name	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address	_____		
	<i>Street Address</i>		
Home Phone	_____	_____	_____
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Birth Date	_____	_____	
	<i>MM/DD/YY</i>	<i>Proof of Birth Date</i>	
OSA Number	_____	_____	_____
	OHIP Number	<i>Birth Certificate Old Card Other</i>	
		<i>OHIP Numbers are optional to collect</i>	

SECTION 2	TEAM DETAILS	
Club Registration # CD1335 --- Team # TD1335 --- Team Name _____	--- Season _____	
	Hamilton Sparta Age Division	In Out

SECTION 3	PLAYING HISTORY
ATTENTION: The "Playing History" section MUST be completed – Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.	
Has the player ever registered to play soccer in another country	___ YES ___ NO
If YES – answer the following	
a) In which Country (other than Canada) did the player last register	_____
b) With which Club did the player last register in another country	_____
c) In which year did the player last register in another country	_____

Consent for use of Personal Information
I authorize the Ontario Soccer Association, Hamilton & District Soccer Association and Hamilton Sparta Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communications from the organizations listed above. I understand that I may withdraw consent to collect, use or disclosure of my or my child/ward's personal information at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to Attention of the OSA Privacy Officer, The Ontario Soccer Association, 7601 Martin Grove Road, Vaughan On L4L 9E4
<i>We do not sell or distribute your personal information to any other third party no listed herein</i>

Acceptance of Terms and Conditions
In consideration of the acceptance of my membership in the Ontario Soccer Association, Hamilton & District and Hamilton Sparta, I the participant and parent/guardian (if participant is under the age of 18 agree as follows).
1 – I understand that I or my child/ward cannot play in any sanctioned soccer game until and after this registration form has been validated and the registration data entered into the OSA computer 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, Hamilton & District Soccer Association and Hamilton Sparta 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

Signature of Participant (if age 13 and over) Signature of Parent or Guardian (if under age 18) Date

ONTARIO SOCCER ASSOCIATION

Participant's Agreement (To Be Used for Players Under the Age of 18)

Name of Participant: _____ Age (If under 18) _____

ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS

I participate in the game of soccer because it is physically and mentally challenging. 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 this activity. The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dryland training including weights, running, and massage;
- 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 conditions 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 experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- 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, events 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 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.

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.

Printed Name of Participant (If over the age of 13)

Signature of Participant (If over the age of 13)

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date