

## REGISTRATION FORM

Parent/Guardian Name:	
# Street Address:	Postal Code:
Home Phone: ( )	rostal code
Email address:	
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Player Information:	
First Name:	Last Name:
DOB: / / Gender:	300500000000000000000000000000000000000
Month Day Year	
92 V.1	W Man
First Name:	Last Name:
DOB:/ Gender:	
Month Day Year	
First Name:	Last Nama
DOR: / / Gender	Last Name:
Month Day Year	
First Name:	Last Name:
DOB:/ Gender:	
Month Day Year	
In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer, District Association and Club/Academy, I, the participant, agree as follows:  1. I understand that I cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in Ontario Soccer's computerized registration system.  2. I have read and understand the waiver attached and my signature affixed hereto indicates my agreement with such waiver.  3. I am aware of Ontario Soccer, District Association and Club/Academy's 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 personal possessions and athletic equipment and accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.  5. I grant permission to the Organization to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape and to use this material to promote the sport of soccer and the Organizations through the media of newsletters, websites, television, film, radio, print and/or other form. I understand I waive any claim to remuneration for use of audio/visual materials used for these purposes.  By signing and dating below you agree that you are the player being registered and to be bound by this Legal Agreement even if you have not read this agreement.	
Parent/Legal Guardian Signature:	
Date:	