



Quinte West Soccer Club Competitive Tryouts for 2018 Outdoor Season

1. Players must register for try-outs with QWSC using this form in order to participate.
2. Please arrive 20 minutes prior to tryout times to confirm registration.
3. Please bring this completed form to the tryout location.
4. Please wear appropriate footwear. Outdoor cleats are not allowed in the dome.
5. Do not wear competitive jerseys, but wear soccer socks and shin pads

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Tryouts for Wolverine teams are open to all players in Quinte West and surrounding areas. Tryouts will be conducted in an open and fair process.

We encourage all interested players, with or without prior competitive experience to attend.

PLEASE PRINT CLEARLY

PLAYER: _____ MALE / FEMALE

DATE OF BIRTH: (YYYY/MM/DD) _____

Address: _____
Street Number & Name *Apt or Unit #*

_____ *City* _____ *Postal Code*

Cell Phone: _____

Alternate Phone: _____

Email: _____

Parent/Guardian: _____

Fee for tryouts: \$20.00 Tryout fee is non-refundable. \$30 admin fee applies for NSF/returned cheques.

Paid Cash: _____ Cheque: # _____

Proof of reg: YES / NO Rec'd by: _____

**THIS REGISTRATION FORM IS FOR TRY-OUT PURPOSES ONLY.
PLAYERS SELECTED FOR WOLVERINE TEAMS MUST ALSO COMPLETE QWSC REGISTRATION.**

PLEASE READ AND SIGN THE OSA RELEASE ON THE BACK OF THIS PAGE.

Use of Personal Information Consent

I authorize the Ontario Soccer Association, Southeast Ontario Soccer Association, and the Quinte West Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communications from the Ontario Soccer Association, District Association, League and the Club.

I understand that I may withdraw consent to collection, 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.

ONTARIO SOCCER ASSOCIATION PARTICIPATION AGREEMENT FOR THOSE UNDER 18 YRS
By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: _____ Team: U_____ Date of Birth:_____

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:

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of The Ontario Soccer Association.
3. 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:
 - a. Executing strenuous and demanding physical techniques in soccer;
 - b. Dryland training including weights, running and massage;
 - c. Grass, turf and other surfaces including bacterial infections and rashes;
 - d. Falls to the ground due to uneven or irregular terrain or surfaces;
 - e. Collisions with walls and soccer equipment;
 - f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - g. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - h. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - i. Vigorous physical exertion and strenuous cardiovascular workouts;
 - j. Exerting and stretching various muscle groups; and
 - k. Travel to and from competitive events and associated non-competitive events that are an integral part of the organization’s activities.
4. Furthermore, I am aware that my child/ward may:
 - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if he/she follows all rules established for participation; and
 - e. 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 of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
7. 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.
8. 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, subject to the terms and conditions of The Ontario Soccer Association’s insurance policy.

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 Parent or Guardian

Signature of Parent or Guardian

Date