



ACADEMY PROGRAM
@ NIAGARA FALLS SC



NFSC 2012 Soccer Registration

All players must complete form in full. All information must be provided to ensure acceptance by the Ontario Soccer Association.

PLAYER FEE/INFORMATION:

*****Please circle player's birth year*****

KINDER KICKS (U4)	\$100.00	2008	2009								
MINI HOUSE LEAGUE (U5 - U10)	\$160.00	2002	2003	2004	2005	2006	2007				
FULL HOUSE LEAGUE (U11 - U16)	\$185.00	1996	1997	1998	1999	2000	2001				
NRGSL/NYSL MINI (U8 - U10)	\$295.00	2001	2002	2003	2004						
NRGSL/NYSL FULL (U11 - U18)	\$310.00	1993	1994	1995	1996	1997	1998	1999	2000		
SRSL/OYSL (U11 - U18)	\$325.00	1993	1994	1995	1996	1997	1998	1999	2000		
OSL U21	\$300.00										
PSL O16 PVSL O30 PVSL O35	\$225.00										

Please Print Clearly

Male Female D.O.B (mm/dd/yy) ____/____/____

Last Name: _____ First Name: _____

Address: _____

City/Prov: _____ Postal Code: _____

Home Phone #: _____ Alternate Phone Number: _____

Email: _____

Have you played for the NFSC in previous years? YES NO

If yes, number of years? _____ Name of team last season: _____

Parent/Guardian Signature _____ (must be 18 to sign) Date _____

Player Signature _____ (if 18+) Date _____

ADMINISTRATIVE USE ONLY:

Total Fees _____ M.O.P credit debit cash cheque# _____

Received by: _____ Date: _____

DIVISION _____ (REP) TEAM _____

ALL PROGRAMS AND ACTIVITIES HAVE THEIR 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 or 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
- 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 these 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
- 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 that may arise out of my participation. In this Agreement, I understand "organizers" to mean: The Ontario Soccer Association, District Association, Leagues,, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and representatives.

PRIVACY POLICY: It is understood that I can contact the Niagara Falls Soccer Club to review the information on file, and if necessary, make correction to any or all information. It is understood that all information on file is not provided or given to any other organization(s). The information is for the soccer requirements only and not to be used for any other purposes.

NOTICE OF WARNING: There is potential risk in training and participating in any sport. The NFSC has taken all necessary precautions to ensure a safe playing field, which must be followed by all players.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement. By signing it voluntarily, I am agreeing to abide by these terms I have read and understood the privacy policy, registration rules and I agree to abide by the published Rules of the Ontario Soccer Association, The Niagara Soccer Association and the Niagara Falls Soccer Club.

Printed Name of Participant (if 13+) _____

Signature of Participant (if 13+) _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

*****Requests cannot be guaranteed; once teams have been made no changes can be made*****