



## Summer 2010 Recreational Soccer League

### Player Registration Form Divisions U5 to U13

Visit the Royals' website: [www.ottawaroyals.ca](http://www.ottawaroyals.ca)

#### Submit Registration and Payment to:

The Dovercourt Recreation Association  
411 Dovercourt Ave.  
Ottawa, ON, K2A 0S9

[www.dovercourt.org](http://www.dovercourt.org)  
[info@dovercourt.org](mailto:info@dovercourt.org)

The Ottawa Royals House League is run entirely by volunteers. To cover all the jobs needed to provide a quality program, priority for spots available for players may be given to families who have volunteered to help. We will provide training or assistance for volunteer positions.

#### PLEASE PRINT CAREFULLY!

PLAYER INFORMATION				Information in this section is mandatory!			
Family Name						Birth Date (DD MMM YYYY)	
Given Name						Gender M      F	
Street Address						Apt.	
City				Prov.	Postal Code	Home Phone	
Medical Conditions or Allergies							
Previous Playing Experience - describe briefly							
Please indicate <b>ONE</b> friend or sibling (if applicable) your child wishes to play with. The friend must include your child's name on their registration form. Requests to place several children on the same team together will not be accepted.							
If your child is U7 or older - Is your child interested in the competitive program?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your child is U6 to U10 - Is your child interested in extra training at an additional cost?						<input type="checkbox"/> Yes	<input type="checkbox"/> No

GUARDIAN INFORMATION			
Mother (or 1st Guardian)		Home Phone	Work or Cell Phone
E-mail Address			
Father (or 2nd Guardian)		Home Phone	Work or Cell Phone
E-mail Address			
<b>Are you able to volunteer?</b> <input type="checkbox"/> Yes (tick job below) <input type="checkbox"/> No <input type="checkbox"/> Need more information on:			
<input type="checkbox"/> Convenor <input type="checkbox"/> Coach ** <input type="checkbox"/> Assistant Coach **			
<input type="checkbox"/> Team Manager <input type="checkbox"/> Equipment Manager <input type="checkbox"/> Other			
Festival Positions: <input type="checkbox"/> Coordinator <input type="checkbox"/> Other			
The Royals offer credit for community service for high school students with experience in soccer wishing to volunteer with a team. If you know of a student who would like to apply for a volunteer position, please contact the club.			
<b>** If you are volunteering for a coaching position, please fill out the coach's application form and attach it to this one. Don't worry if you do not have experience. The Ottawa Royals will provide training. Each team must have at least 2 coaches/assistant coaches. Teams cannot be formed if insufficient coaches volunteer.</b>			

FEES	
Boys and Girls - U5 to U7 - \$155	Boys and Girls - U8 to U13 - \$165
NOTE: All age groups now practice and play on the same the same day.	
No refunds after May 3th, 2010. Make cheques payable to "Dovercourt Recreation Association".	

**This registration form cannot be processed unless it is accompanied by a signed copy of the Participant's Agreement (see page 2 & 3).**

## CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, the Ontario Soccer Association, Eastern Ontario District Soccer Association (EODSA), and the Ottawa Royals 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, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at [OSAPrivacyOfficer@soccer.on.ca](mailto:OSAPrivacyOfficer@soccer.on.ca) or by mail to: **Attention: OSA Privacy Officer, Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4.** The Privacy Officer will advise the implications of such withdrawal.

**\*We do not sell or distribute your personal information to any other third party not listed herein.\***

### ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer Association, 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, EODSA, Ottawa Royals Soccer Club 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.

By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## 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: \_\_\_\_\_ Age \_\_\_\_\_ 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 which 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**

By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Revised February 12, 2007**



**OTTAWA ROYALS SOCCER CLUB COACHING APPLICATION FORM  
SEASON – OUTDOOR 2010**

**SECTION A:**

Name \_\_\_\_\_ Tel Home ( ) \_\_\_\_\_  
Tel Business ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Coaching Position Preferred: (Age Group & Gender) 1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_  
3<sup>rd</sup> Choice \_\_\_\_\_

Do you have a son/daughter currently playing with the Club?  Yes  No

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**SECTION B: Coaching Qualifications**

N.C.C.P. Number: \_\_\_\_\_ Community Coach Child \_\_\_\_\_  
OSA Coach Number: \_\_\_\_\_ Community Coach Youth \_\_\_\_\_  
National "B" License Part II CSA \_\_\_\_\_ Community Coach Senior: \_\_\_\_\_  
Provincial "B" License Part 1 OSA \_\_\_\_\_ Pre-B \_\_\_\_\_  
National "A" License CSA \_\_\_\_\_ International License \_\_\_\_\_

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**SECTION C: Previous Coaching Experience – no previous experience is required but it is good to know what experience you do have.**

If you have coached a team within the past three (3) years, please indicate: (i) Year; (ii) Club; (iii) Age Division; (iv) the League in which the team played.

1. Club: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Club League
2. Club: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Club League
3. Club: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Club League