



6 Valleyside Trail, Brampton, ON L6P 2G3 Tel (647) 830-4663 www.shahphpuma.com

## SHAHPH PUMA SPORTS CLUB - REGISTRATION FORM

Soccer  Track & Field  Badminton  Cricket  Chess  Basketball  Tamil

Enrollment: Indoor  Year: 2015-2016 Form #: \_\_\_\_\_ \* Mandatory Fields

### \*\*\*\*\*PLAYER'S PERSONAL INFORMATION\*\*\*\*\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\*Gender: M  F

\*Birth Date (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Province: ON

\*E-mail Address: \_\_\_\_\_

\*Health Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Facebook Account: \_\_\_\_\_

\*Kids start date(yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_

Planned Vacation: Yes/No:

Date: \_\_\_\_\_

Parent's commitment:  25% -50%  50% -75%  75% -100

Father  Mother  Guardian Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Business/Cell #: \_\_\_\_\_

Other #: \_\_\_\_\_ Business/Cell #: \_\_\_\_\_

**Medical Conditions: (Any medical conditions that coach should aware of, Allergies .....etc)**

### \*\*\*\*\*Office use only\*\*\*\*\*

Season: **outdoor** 2015

Form #: \_\_\_\_\_

Age Group: \_\_\_\_\_

Proof of Birth: Y or N- Type: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_

Payment Method: Cash \$ \_\_\_\_\_

Cheque : \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PARTICIPATION AGREEMENT

FOR PLAYERS UNDER 18 YEARS OF AGE

By signing this document you will waive certain legal rights.

PLEASE READ CAREFULLY.

Name of Participant (s): \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities of The Shahph Puma Sports Club and events of The Shahph Puma Sports Club and associated club's.

### 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 of The Shahph Puma Sports Club and events of The Shahph Puma Sports Club and associated club's.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to activity. The risks and hazards include, but are not limited to injuries from:
  - a. Executing strenuous and demanding physical techniques in soccer/activity;
  - b. Dry land 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 program.
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.

**The SHAHPH PUMA SPORTS CLUB reserves the right to transfer players from teams in order to fairly balance teams.**

### 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 understand 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