



THE GLOUCESTER HORNETS

MINI and YOUTH PLAYER REGISTRATION FORM

Player's Name: _____

Date of Birth: _____ / _____ / _____
 dd mm yyyy

2010 Summer Registration Fees	Amount Paid
Payable by Feb 22, 2010	

Payment Details

- Please make one cheque payable to the **Gloucester Hornets**
- NSF cheques will be charged an additional \$30 administration fee.
- Late fee - applies to any registration received after February 22, 2010. – **no exceptions**
- The Registration Fee is comprised of a \$150 GSA fee, a \$40 tryout fee and a \$140 (Mini) or a \$170 (Youth) Hornets fee.

After placement on a Premier (Level 4), Regional (Level 3) or OYSL (Level 1) team, an additional Hornets fee of \$30 will be charged to cover higher league costs. Do not include this in your registration

\$330 - Mini (Born 1999-2001)	\$
\$360 - Youth (Born 1990-1998)	\$
Contributions – <i>Pat Dinardo Benevolence Fund</i> This fund provides the gift of competitive soccer to players and families that would otherwise be unable to afford it. Please give generously.	\$
\$25 - Late Fee (after Feb 22/10)	\$
Grand TOTAL	\$

Refunds

1. **\$40 try-out fee** are **not refundable** under any circumstances.
2. **Withdrawing prior to the formation of a team:** For players who withdraw prior to the formation of teams, a refund check will be issued however a \$25 administration fee will be imposed.
3. **Not selected:** For players who do not qualify for a Hornets team, your registration and fees will automatically be transferred to the Gloucester Dragons Recreational Soccer Club and the difference in fees will be reimbursed to you by the Gloucester Hornets. If you do not wish to have your child transferred to the Gloucester Dragons, please notify the Gloucester Hornets and a refund check will be issued (minus the \$25 non-refundable administration fee).
4. **Where a player receives a season-ending injury**, certified by a physician, before June 30, a 50% refund is issued. Between July 1 and July 31, a 25% refund is issued. No refunds are given after July 31. Otherwise no refund will be issued for any player withdrawing after the start of the season.
5. **Once you have been selected for a team and you withdraw from the team:** There will be no refund given to a competitive player withdrawing from a Gloucester Hornets team after having been offered and accepted to a position on a team.
6. **A \$30.00 NSF fee** will be charged on all NSF cheques.
7. Please note that **refund requests** for the summer season will be **processed after June 15th**.

Please Note: Uniforms and balls are ordered separately and are not included in the Registration Fee

We make every effort to accommodate all players; however we cannot guarantee a position on a team.

Please Mail or Drop Off your Registration Form to:

Gloucester Hornets Clubhouse 1660 Bearbrook Road, Gloucester, ON, K1B 1C4

If you have questions regarding our summer programs or you require assistance in completing your registration form, please contact Registrar@gloucesterhornets.ca or call (613)-837-7015

For any additional information please refer to www.gloucesterhornets.ca/registration

FOR OFFICE USE ONLY

Amount paid \$ _____ **Cash or Cheque** Cheque #: _____ Date: _____
 Name on Cheque _____ Pym incl addtl players: _____ D.O.B. _____
 Signature of Club Official _____ Pym incl addtl players: _____ D.O.B. _____



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Date of Birth: _____



THE GLOUCESTER HORNETS

MINI and YOUTH PLAYER REGISTRATION FORM THE ONTARIO SOCCER ASSOCIATION PLAYER REGISTRATION FORM

Personal Information

Full Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Address: _____		
<i>Street Address</i>	<i>Apartment/Unit #</i>	

<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Home Phone: () _____ Business Phone: () _____		
Cell Phone: () _____ Email Address: _____		
Birth Date: _____ Proof of Birthdate *: Birth Certificate ___ Old Card ___ Other ___ Sex: ___		
OSA Registrant Number: _____ OHIP Number (Not Required): _____		

Emergency Contact Information

Full Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Address: _____		
<i>Street Address</i>	<i>Apartment/Unit #</i>	

<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Daytime Phone: () _____ Evening Phone: () _____		
Relationship: _____		

Parent or Guardian Information

Name of Parent or Guardian: _____		
<i>Last</i>	<i>First</i>	
Address (if different from above): _____		
<i>Street Address</i>	<i>Apartment/Unit #</i>	

<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Email Address: _____		
Do you wish to assist the Gloucester Hornets as a volunteer? Yes: ___ No: ___		
If Yes, in what capacity?		
Coach: ___	Assistant Coach: ___	Manager: ___ Referee: ___ Other: _____

Playing History

<p>WARNING: This Section MUST be completed – Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.</p> <p>With which Club did the player last register? _____</p> <p>In which country did the player last register? _____</p> <p>In which year did the player last register? _____</p> <p>Has the player ever registered to play soccer in another country? ___ Yes ___ No</p> <p>If Yes, answer the following questions:</p> <p>a) In which country (other than Canada) did you last register? _____</p> <p>b) With which Club did last register in another country? _____</p> <p>c) In which year did you last register in another country? _____</p>



THE GLOUCESTER HORNETS

MINI and YOUTH PLAYER REGISTRATION FORM

Ontario Soccer Association Player Registration Form (Page 2)

Consent for Use of Personal Information

I authorize The Ontario Soccer Association to collect and use personal information about me my child/ward, including name, address, email, telephone number, cell phone number, sex, age, date of birth, health card number (optional), medical history (optional) and any other additional information required by the Club for its own needs for the following purposes:

- a) Receiving communications from The Ontario Soccer Association;
- b) Receiving information from The Ontario Soccer Association's sponsors;
- c) Ensuring appropriate age group and category;
- d) Determining eligibility;
- e) Media relations and publishing sports information;
- f) In the case of medical emergencies;
- g) Determining membership demographics and program wants and needs;
- h) Player Identification/Recruitment; and
- i) Posting rosters, statistics, images and results on website of The Ontario Soccer Association

I also authorize The Ontario Soccer Association to disclose my my child's/ward's personal information to the Canadian Soccer Association, District Association, Leagues and Tournament Host Organizations for the purpose of annual demographic reporting, registration, posting competition information, organizational needs and to communicate with registrants about soccer programs, events and activities; ITSportsnet; and third party agent to solely facilitate direct mailings from The Ontario Soccer Association.

I consent to The Ontario Soccer Association to take photographs, videotape, or digital recordings of me my child/ward and to use these in any and all media, including The Ontario Soccer Association's website.

I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting The Ontario Soccer Association's Privacy Officer at 905 264 9390 or email at OSAPrivacyOfficer@soccer.on.ca.

I, _____, of the City of _____ and Province of Ontario, am fully informed as to the contents of this consent and understand the full import of powers to The Ontario Soccer Association, solemnly declare that I am of legal age and have authority and capacity to bind myself my child/ward and have executed this consent voluntarily.

Signature

Date

Acceptance of Terms and Conditions

In consideration of the acceptance of my membership in The Ontario Soccer Association, I, the participant and parent/guardian if under 18, agree as follows:

1. I understand that I cannot play in any sanctioned soccer game until 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. To abide by the published rules of The Ontario Soccer Association, my District Association (EODSA), my League, and my Club (Gloucester Soccer Association).
4. I am aware of The Ontario Soccer Association's published rules and agree to be bound by them.
5. I am sole responsibility for my/child/ward personal possessions and athletic equipment.
6. I accept liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.

I hereby accept the terms and conditions as described above. (Initial) _____

Acknowledgement

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Name of Participant

Signature of Participant

Witness

Date

Signature of Parent /Guardian (if under 18)

Witness

Date



THE GLOUCESTER HORNETS

MINI and YOUTH PLAYER REGISTRATION FORM ONTARIO SOCCER ASSOCIATION Waiver/Participation Agreement

Name of Participant: _____ Age (If under 18): _____

ALL PROGRAMS AND ACTIVITIES HAS ITS 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 and 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; and
- 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 the 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; and
- 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 which might arise out of my participation. In this Agreement 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.

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 Participant (If over the age of 13)

Signature of Participant (If over the age of 13)

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date