



Unionville-Milliken Soccer Club PLAYER REGISTRATION

Mailing Address: 4630 Highway 7, P.O.Box 64548, Unionville, ON, L3R 0M9

Office Address: 7700 Kennedy Rd, Unionville, Ont., L3R 9S5

Bus: 905-477-KICK (5425) Fax: 905-477-6772 Web: www.u-msc.com

E-mail: umsc.info@gmail.com

ONLINE Registration Available: www.u-msc.com

For Office Use Only	
<input type="checkbox"/> Community Center	<input type="checkbox"/> Mailed
<input type="checkbox"/> Registration Event	<input type="checkbox"/> Faxed
<input type="checkbox"/> Library	<input type="checkbox"/> Drop-in
	<input type="checkbox"/> School

PLAYER INFORMATION (Proof of Age must be presented for all NEW members)																				
Last Name (Family Name)	First Name (Given Name)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female																		
Street Address		Apt #																		
City	Postal Code	Date of Birth DAY MONTH YEAR																		
Home Phone Number																				
Business Phone Number		Mobile Phone Number																		
Player or Guardian E-Mail Address																				
Please Choose one from below: <table border="0"> <tr> <td><input type="checkbox"/> PARENT & TOT</td> <td>How many years has applicant played soccer</td> </tr> <tr> <td><input type="checkbox"/> ACTIVE START</td> <td># of years <input type="text"/> Year last registered? <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> FUNDAMENTALS</td> <td>In which Club? <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> HOUSE LEAGUE</td> <td>Has player ever registered to play soccer in a country other than Canada?</td> </tr> <tr> <td><input type="checkbox"/> COMPETITIVE</td> <td>NO <input type="checkbox"/> YES <input type="checkbox"/> If 'YES', please answer the following:</td> </tr> <tr> <td><input type="checkbox"/> SOCCER CAMP/CLINIC/FUTSAL/REP ACADEMY</td> <td>Country: <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Y.R.S.L. YOUTH</td> <td>Club: <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> INDOOR</td> <td><input type="checkbox"/> Y.R.S.L. SENIOR Year last registered: <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> OUTDOOR</td> <td></td> </tr> </table>			<input type="checkbox"/> PARENT & TOT	How many years has applicant played soccer	<input type="checkbox"/> ACTIVE START	# of years <input type="text"/> Year last registered? <input type="text"/>	<input type="checkbox"/> FUNDAMENTALS	In which Club? <input type="text"/>	<input type="checkbox"/> HOUSE LEAGUE	Has player ever registered to play soccer in a country other than Canada?	<input type="checkbox"/> COMPETITIVE	NO <input type="checkbox"/> YES <input type="checkbox"/> If 'YES', please answer the following:	<input type="checkbox"/> SOCCER CAMP/CLINIC/FUTSAL/REP ACADEMY	Country: <input type="text"/>	<input type="checkbox"/> Y.R.S.L. YOUTH	Club: <input type="text"/>	<input type="checkbox"/> INDOOR	<input type="checkbox"/> Y.R.S.L. SENIOR Year last registered: <input type="text"/>	<input type="checkbox"/> OUTDOOR	
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For Office Use Only	
Club ID: 2710	<input type="text"/>
UMSC Player ID	<input type="text"/>
OSA Player ID	<input type="text"/>
Amt Paid:	<input type="text"/>
VISA/DR/MC	<input type="checkbox"/>
CASH	<input type="checkbox"/>
Cheque	<input type="checkbox"/>
Cheque #	<input type="text"/>
Registration Handled By:	<input type="text"/>
Registrar's Signature	<input type="text"/>
Date Registered	<input type="text"/>
TEAM	<input type="text"/>
Refund?	<input type="checkbox"/>
NSF	<input type="checkbox"/>

The UMSC is run by Volunteers. Please indicate below how you can help.

SPONSOR COACH ASSISTANT COACH CONVENOR VOLUNTEER

NAME:

PHONE NUMBER:

Please READ and SIGN on BACK of this form for REGISTRATION to be ACCEPTED!

Unionville-Milliken Soccer Club CONDITIONS OF REGISTRATION

- a) Unionville-Milliken Soccer Club (UMSC) will attempt to accommodate every applicant. Places, however, will be limited and acceptance of every registration cannot be guaranteed.
- b) **Only the appointed coach's child or team sponsor's child will be pre-assigned to a team.** The UMSC will not guarantee that any player will be allocated to a specific team, coach or field.
- c) To make teams as balanced as possible, all players will be placed on teams randomly, unless the players are siblings or children of the sponsor or coach.
- d) The UMSC reserves the right to move players between teams within the club for balancing purposes.
- e) The club attempts to ensure equal playing time for all players. If, however, any player is absent for any combination of more than 4 practises or games, the right to equal playing time shall be at the discretion of the coach.
- f) In the interest of other team members and coaching staff, players/parents/guardians are asked to advise the coach, in advance, if a player will be absent from a game or practise.

PROOF OF AGE

For new players a birth certificate is required at time of registration of player.

REFUND POLICY

Youth: No refund after initial uniform distribution. Any refund will be less a \$50 admin fee and deductions as the Board

REGISTRATION FEE INCLUDES:

- Complete uniform; jersey, shorts and socks
- U3 to U8 individual soccer ball (outdoor only) and a digital team photo
- U3 to U18 participation award, except Interleague and YRSL
- Shin guards for U3 to U5 (outdoor only)
- U9 to U18 team soccer balls (outdoor only)

WARNING: CAUTIONARY NOTICE AND WAIVER OF LIABILITY

The Registration Applicant (Applicant) acknowledges that though the Unionville-Milliken Soccer Club (UMSC) has taken reasonable measures to ensure a safe environment, the Applicant bears the responsibility to assess and assume the risk of participating in UMSC programs as follows:

- a) Soccer is a sport that may involve voluntary and involuntary rough play and competition exposing participants to risk of serious injury (injury) and loss or damage direct or indirect, economic, personal or consequential (damage).
- b) Participation in UMSC programs may include the risk of contact by participants with allergens, pathogens, or other substances harmful to the participant due to pre-existing medical conditions including allergies, asthma and epilepsy, avoidance of which the treatment of which is solely the responsibility of the Applicant.

The Applicant acknowledges that the UMSC, or its Executive, Directors, Officers, Agents and Employees, Officials, Referees, Coaches, Assistant Coaches, Convenors and Volunteers (UMSC Staff) take no responsibility for injury or damage, risk of which is assumed solely by the Applicant however caused, whether by tortious, deliberate or negligent conduct of the participant, spectators, bystanders, or UMSC Staff, and the Applicant further saves harmless and indemnifies UMSC Staff from any claim for compensation for damage, including claims or suits arising from injury or damage suffered by the participant or other persons however caused.

The Applicant shall abide by UMSC policy of zero tolerance of verbal or physical abuse of UMSC Staff & Referees. Violation may result in expulsion from UMSC events or programs.

The Applicant agrees to review and abide by the rules of the UMSC, and as appropriate by the rules of all affiliated bodies including but not limited to the Ontario Soccer Association, York Region Soccer Association, York Region Soccer League, the Ontario Youth Soccer League, the Central Soccer League, the Central Girls Soccer League and the Ontario Indoor Soccer League and to assume responsibility to seek out and review the rules set out on the web sites of the aforesaid organizations.

Personal Information Protection

Completion of this form constitutes the undersigned's consent and acknowledgement that the UMSC must collect such personal information as is required to complete this registration form for the following purposes:

- * To constitute soccer teams according to age, gender, physical and skill criteria;
- * To provide for volunteer staff for coaching and administrative purposes;
- * To register players for informational and insurance purposes with the Ontario Soccer Association (OSA) and various leagues in which UMSC players may participate, and to have players assigned an OSA registrant number.
- * To comply with tournament requirements, where in addition to the registration information herein, player photos will be required and submitted for review by league and tournament officials;
- * To constitute and maintain a list of club members, for contact by the UMSC from time to time for the distribution of information by telephone, e-mail and mail including registration forms and club information;
- * Information collected will be stored for the shorter of up to ten years, or specific request for deletion by a registrant, and available for correction or review by contacting the UMSC at 905-477-5425

I, the Undersigned, understand the Conditions of Registration and Warning and the Personal Information Protection statement set out above, and acknowledge that Team balancing will take place and the Club's decision regarding placement and transfer of players is final, and not a valid grounds for refund of registration fee.

I certify that I have read and agree to abide by the conditions, as stated above and that I have read the Ontario Soccer Association Registration Rules. I certify that all the information provided by me on this registration form is correct.

By signing below, the Parent, Legal Guardian or Player over 18 years of age agree to abide by the published rules of the Canadian Soccer Association (CSA), the Ontario Soccer Association (OSA), the York Region Soccer Association (YRSA), the Ontario Youth Soccer League (OYSL) and the Unionville-Milliken Soccer Club including the Zero Tolerance Program established by the Unionville-Milliken Soccer Club.

NOTE: COMPETITIVE REGISTRATIONS - RISK OF FINANCIAL PENALTY FOR FALSE ADDRESS INFORMATION

THE UNDERSIGNED ASSUMES SOLE RESPONSIBILITY FOR THE FINANCIAL CONSEQUENCES OF FALSE ADDRESS INFORMATION ENTERED FOR THIS PLAYER REGISTRATION, AND FURTHER AGREES TO PAY FORTHWITH, AND TO SAVE HARMLESS AND INDEMNIFY THE UNIONVILLE MILLIKEN SOCCER CLUB, ITS EMPLOYEES, DIRECTORS, OFFICERS AND VOLUNTEERS FROM ANY AND ALL FINES AND FINANCIAL PENALTIES IMPOSED BY THE CSA, OSA, OYSL, YRSA AND COURTS OF COMPETENT JURISDICTION IN CONSEQUENCE OF SUCH FALSE INFORMATION.

SIGNATURE: _____ DATE: _____

Please Print Name: _____

I understand as a registrant of the Ontario Soccer Association, my District Association, my League, and my Club that I may receive information from time to time related to soccer events, programs and services. Please check this box if you prefer to be excluded from receiving this information.