



ELMA EAGLES

MINOR SOCCER CLUB

Atwood, Ontario

After April 1st. a \$25.00 late fee will apply. No refunds after May 1st.

REGISTRATION FORM

PART A: FAMILY INFORMATION- Please print clearly

Adult/Parent/Guardian's Last Name		First Name(s)	
Family Address		Town	Postal Code
email: (please supply one for communication)		Phone #	
Emergency Contact Name and phone #			
Are you a new application? <i>If yes a Birth Certificate is needed.</i> Yes No			

Family Medication information-is there any medical info. or special needs you would like us to know about?
Indicate participant's name:

Part B Participant's information- Can be used for more than 1 family member
**If program is full, Applicant will be waitlisted or money refunded*

1. Participant's Last Name		First Name		Birthdate D ___ M ___ Y ___	
Do we have a copy of Birth Certificate on file? Yes No	Gender M or F	Waiver/other docs Signed? Yes No		Age Division	Cost
1. Participant's Family Name		First Name		Birthdate D ___ M ___ Y ___	
Do we have a copy of Birth Certificate on file? Yes No	Gender M or F	Waiver/other docs Signed? Yes No		Age Division	Cost
1. Participant's Family Name		First Name		Birthdate D ___ M ___ Y ___	
Do we have a copy of Birth Certificate on file? Yes No	Gender M or F	Waiver/other docs Signed? Yes No		Age Division	Cost
1. Participant's Family Name		First Name		Birthdate D ___ M ___ Y ___	
Do we have a copy of Birth Certificate on file? Yes No	Gender M or F	Waiver/other docs Signed? Yes No		Age Division	Cost

Total Amount Paid		Full Name of Payer:
Payment Method		Date Entered:
Bond Cheque received ~ \$200 post dated to Yes No August 1 2022		Executive Signature:

Elma Minor Soccer
Waiver of Liability, Assumption of Risk and Indemnity Agreement

Participant(s) Name: _____

1. For the purpose of this waiver, "I" shall refer to the registrant however will include the parent and/or guardian as well as the registrant for anyone requiring a parent and/or guardian.

2. I am fully aware of the inherent risks and hazards that result from my attendance at the Elma Township Public School Sports Fields or Park for participation in Elma Minor Soccer. Furthermore, through my use of such Sports Field, or Park, I voluntarily, knowingly, and freely assume all such risks including, but not limited to, risks resulting from my own actions or inactions, the actions or inactions of others or their staff and/or volunteers, falls, injuries, illnesses, death, contraction of infectious or communicable diseases, as well as any and all obstacles and defects of the Facility.

3. I understand and expressly assume all dangers of activities Sports Field or Park. I also shall identify and inform the committee of Elma Minor Soccer of any hazardous or dangerous equipment or conditions jeopardizing the safety of myself or guests thereof and waive all claims arising out of the activities at the Sports Field, Park or other areas maintained by Elma Minor Soccer, Elma Township Public School and Avon Maitland District School Board, whether caused by negligence, breach of contract, or otherwise, for any bodily injury, property damage, or loss otherwise.

4. I shall defend, indemnify, and hold harmless the Elma Minor Soccer Committee including but not limited to, any officials, committee members/directors, coaches, or affiliates, against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of any kind, including reasonable legal fees and disbursements, and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, arising out of or resulting from any claim related to the Renter's use of the facility.

5. I, for myself and on behalf of my heirs, assigns, personal representatives, legal guardians and next of kin, hereby release and hold harmless Elma Minor Soccer with respect to any and all illness, disability, death, or loss or damage to persons or property, whether arising from the negligence of the Elma Minor Soccer or otherwise, to the fullest extent permitted by law.

6. I understand that smoking cannabis or tobacco and the vaping of any substance is strictly prohibited on and within 20 meters of Elma Township Public School's property. This includes all areas as well as any vehicle parked in the Lucknow & District Sports Complex Parking Lot or property. I understand that failure to abide by this may result in an immediate suspension from entering any facilities and/or properties maintained by the Avon Maitland School Board. Furthermore, I also understand that I may be subject to a fine(s) if smoking and/or vaping occurs on or within 20 meters of the property of Elma Township Public School.

7. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation, as well as my actions. I understand that should my actions

cause damage to the school's property and items owned or maintained by the Avon Maitland School Board, that I will be held fully accountable for my actions. This may include, but not be limited to, providing monetary compensation for damages or loss of income occurring from my actions.

9. I will adhere to all current and future restrictions or guidelines put in place by Public Health, the Province of Ontario, the Avon Maitland School Board and/or Elma Minor Soccer. Furthermore, I understand that it is my responsibility to keep current with any restrictions in place and acknowledge that I may contact Elma Minor Soccer for clarification of current restrictions in place.

10. Despite selecting yes or no to authorizing the use of my photo, I understand and authorize the use of any photo taken while participating in the above program where I am not the main focus (i.e., in the background of a photo being used).

11. I fully understand that by agreeing to the terms and conditions on this waiver will bind me to the terms of the waiver for future events similar in nature for a period of not less than one (1) year from the date of consent.

I agree to the terms and conditions stated above*

Name of Participant.(print)

Signature of Participant(if over 18)

Date of Birth

Name of Parent/Guardian (print).

Signature of Parent/Guardian

Date

DECLARATION OF COMPLIANCE – COVID-19

Individual Name (print): _____

Individual's Parent/Guardian _____ (if the individual is younger than 18 years old)

Email: _____

Phone: _____

WARNING!

ALL INDIVIDUALS ENTERING THIS PROPERTY AND/OR PARTICIPATING IN SANCTIONED ACTIVITIES MUST COMPLY WITH THIS DECLARATION

Elma Minor Soccer and Ontario Soccer require the disclosure of exposure or illness in order to safeguard the health and safety of all participants and limit the further spread of COVID-19. This Declaration of Compliance will be kept safely, and personal information will not be disclosed unless as required by law or with your consent.

An individual (or the individual's parent/guardian, if the individual is younger than 18 years old) who is unable to agree to the terms outlined in this document is not permitted to enter the Organization's facilities or participate in the Organization's activities, programs, or services.

I, the undersigned being the individual named above and the individual's parent/guardian (if the individual is younger than 18 years old), hereby acknowledge and agree to the terms outlined in this document:

1) The coronavirus disease COVID-19 has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19 and requires all individuals (or their parent/guardian, when applicable) to adhere to the compliance standards described in this document.

2) The individual has not been diagnosed with COVID-19. OR If the individual was diagnosed with COVID-19, the individual was cleared as noncontagious by provincial or local public health authorities.

3) If the individual is a front-line worker (such as hospital staff, long term care staff, or other individual who interacts with individuals who have confirmed or suspected cases of COVID-19), the individual has worn proper and approved Personal Protective Equipment at all times whenever they interacted with an individual who has a confirmed or suspected case of COVID-19 in the last 14 days.

4) If the individual is not a front-line worker, or other individual who interacts with individuals who have confirmed or suspected cases of COVID-19, they have not been exposed to a person with a confirmed or suspected case of COVID-19 in the last 14 days.

5) The individual is attending or participating voluntarily and understands the risks associated with COVID-19. The individual (or the individual's parent/guardian, on behalf of the individual (when applicable)) agrees to assume those risks, including but not limited to exposure and being infected.

6) The individual has not, nor has anyone in the individual's household, experienced any signs or symptoms of COVID-19 in the last 14 days (including fever, new or worsening cough, fatigue, chills and body aches, respiratory illness, difficulty breathing, nausea, vomiting or diarrhea, pink eye, or loss of taste or smell).

7) If the individual experiences, or if anyone in the individual's household experiences, any signs or symptoms of COVID-19 after submitting this Declaration of Compliance, the individual will immediately isolate, notify the Organization, and not attend any of the Organization's

facilities, activities, programs or services until at least 14 days have passed since those symptoms were last experienced.

8) The individual is not currently under quarantine or required to isolate, as per a directive from the federal, provincial, or local government, or because of any other reason.

9) The individual is following recommended guidelines, including but not limited to, practicing physical distancing, trying to maintain separation of six feet from others, adhering to recognized hygiene best practices, and otherwise limiting exposure to COVID-19.

10) The individual will follow the safety, physical distancing and hygiene protocols of the Organization.

11) The individual will bring their own personal items and personal equipment (such as water bottles, bags, towels, etc.) at their discretion and will not share their personal items or equipment with other individuals.

12) This document will remain in effect until the Organization, per the direction of the provincial government and provincial health officials, determines that the acknowledgements in this Declaration of Compliance are no longer required.

13) The Organization may remove the individual from the facility or from participation in the activities, programs or services of the Organization at any time and for any reason if the Organization believes, in its sole discretion, that the individual is no longer in compliance with any of the standards described in this document.

Signature: _____ Date: _____

Individual (if the individual is 18 years old or older)

Signature: _____ Date: _____

Elma Minor Soccer and Ontario Soccer
Concussion Code of Conduct for
Athletes and Parents/Guardians

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical

assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.

- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process* (I will have to follow my sport organization's Return-to-Sport Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete Name: _____

Signature: _____

Parent/Guardian Signature (of athletes who are under 18 years of age):_____

Date: _____

If your sport organization has adopted policies regarding (a) zero-tolerance (b) mandatory disqualification for illegal play that is considered high risk for causing concussions and (c) escalating consequences for violation of the Concussion Code of Conduct, please read and commit to the following section. If the following section does not apply to your sport organization, please disregard.

I will help prevent concussions, through my:

- Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions*
- Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions (Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy). *
- Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct. *