



MatsGaray United Soccer Club

Registration fee:

\$ 300/- (practice & game) for 6 months and \$ 50 (game kits).

Special Discounts for two or three children for each family

Number	First Name	Last Name	Sex M/F	Health Card #	Date of Birth(year)	Date of Birth(month)	Date of Birth(day)
1.							
2.							
3.							
4.							

Parents 1.	First Name	Last Name	Phone Number	Email Address

Street Address	City	Postal Code

Parents 2.	First Name	Last Name	Phone Number	Email Address

Street Address	City	Postal Code

Emergency Contact Name	Phone Number

Minor player authorization and consent: (Must be signed by player's Parent or Guardian).

I acknowledge by signing that I have read and understood the terms and conditions pertaining to Waiver Liability Form, Code of Conduct Form, Private Form and Applicant's Statement of Health Form.

Print Name

Signature

Date

Place

Bank Name

Cheque #

Registered by: (official)

Date

Registered by: (official)

Officials Signature

Date

Waiver of Liability, Release Form

This form must be completed for each soccer player (participant) and, if the player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate in MatsGary United Soccer Club trials, practice sessions and matches without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): _____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): _____

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to the MatsGary United Soccer Club, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise.

Soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in soccer practices and games and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force. I will wear shin guards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules, to all events. Under any condition, I am responsible for any and all medical expenses arising from my participation, both in practices and games and while travelling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach of the condition and may refuse to participate.

Participation assumes consent.

I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the league or tournament, without compensation.

I authorize that an unaltered copy of this form may be generated and given to the officers or directors of other associations or tournaments in order to allow my participation in their soccer programs, if the form is required and I have requested to participate.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the MatsGary United Soccer Club, Calgary Minor Soccer Association and Alberta Soccer Association and their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their soccer programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For those individuals eighteen (18) years of age and older:

Participant's Name (PRINT) Participant's Signature Date Signed

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent or Guardian Name (PRINT) Parent or Guardian Signature Date Signed

APPLICANT'S STATEMENT OF HEALTH

NOTE: This statement of health is to be completed by the applicant. If answering "Yes" to any statement, please give details on the lines provided.

1. When did you have your last physical examination?

2. Have you, in the past three (3) years, consulted a doctor, or sought advice for:

a) Dizzy spells? No /Yes

b) Asthma? No /Yes

c) Allergies? No /Yes

d) Arthritis? No /Yes

e) Urine, kidney, or bladder disorder? No /Yes

f) Difficulty with eyes? No/ Yes

g) Difficulty with ears? No /Yes

h) Do you have Diabetes? No /Yes

How is it controlled?

PLEASE READ BEFORE SIGNING: I declare that, to the best of my knowledge and belief, the answers given in this Statement of Health are true and accurate.

Date: Signature:

I have read the code of conduct and I agree to abide by these policies.

PLAYER INFORMATION

Player Name:

Parent's Names:

Team: Coach's Name:

SIGNATURES

Player: _____ Date: _____

Parent _____ Date: _____

Coach _____ Date: _____