

SEAWAY VALLEY SOCCER CLUB INC.
COYOTES TRYOUT FORM
2013

Name (first, last): _____, _____

Sex: _____ Date of Birth (Y,M, D): _____

Address: _____

City: _____ Postal Code: _____

Home Phone #: _____ Health Card # (Optional): _____

Medical Problems/Allergies: None [] or _____

E-mail address _____

Check box if player is a Goalkeeper []

FEES \$25.00 payable to the Seaway Valley Soccer Club cash or cheque

Parental Waiver:

I hereby give my consent for the above named player to play soccer with the Seaway Valley Soccer Club (SVSC). I agree to accept all risks - hazards incidental to such participation including transportation to and from such activities, and on behalf of the said player and of his/her parents/guardians, I do hereby waive, release, absolve and indemnify and agree to hold harmless the Seaway Valley Soccer Club and the Eastern Ontario District Soccer Association, the Directors, Officials, organizers, coaches and participants in all activities of the said Association.

I hereby acknowledge that the said player's registration may be revoked at any time, at the sole discretion of the SVSC, for inappropriate conduct by said player, and/or his or her parents or guardians.

I acknowledge that the information on this form is collected for the purposes of registering the named individual as a player with the OSA and the SVSC and for assigning the individual to a team. This contact information will be provided to the team's coaching staff, and others who require it for the operation of the team and the Club."

I acknowledge that SVSC reserves the right to move players between teams at their discretion

NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. The Coach has established rules for participation; and proper conduct on or about the playing field must be followed.

AGREEMENT: I agree to abide by the Published Rules of The Ontario Soccer Association, my District Association, my League, and my Club.

PRIVACY STATEMENT: I understand as a registrant of The Ontario Soccer Association, my District, my Club and my League that I may receive information from time to time related to soccer events, programs and services. I prefer to be excluded. []

Signature _____ Date: _____