

Wainfleet Coed Soccer 17+

Registration Form 2022

Registration Deadline April 14,2022

Mail completed forms to: Wainfleet Youth Soccer, PO Box 27, Wainfleet, ON L0S 1V0
or E-mail to: Coed17plus@wainfleetyouthsoccer.ca

Wainfleet Coed Soccer 17+ will run from May 18, 2022 until August 10, 2022 every Wednesday night @ 7:00
at the Wainfleet Sports Complex (behind the Arena)

Registration Fees

Registration fees: \$65

All NSF Cheques and service charges are required to be paid by the registrant, and player(s) are held from playing until cleared.

Make cheques payable to: Wainfleet Youth Soccer P.O. Box 27 Wainfleet ON L0S 1V0. Or send by E-transfer to: coed17plus@wainfleetyouthsoccer.ca – E-Transfer is preferred. Please put in memo line "17+"

Uniforms and Equipment

Cleats should be worn and pinny shirts will be distributed on opening night (to be returned at the end of the season).
*****Shin guards and socks to cover them are MANDATORY******

Inclement Weather

If it's raining play goes ahead... bring an umbrella!

If there is severe weather (i.e. Lightning) in the area during the afternoon of a soccer day, a decision will be made by **5:00pm** if soccer for that evening is to be abandoned. A group text will be sent. **Please check the Website and/or Facebook for updates!**

After soccer has started, if lightning is seen it is incumbent on every coach, referee, and member of the executive to clear those fields, immediately. Soccer will be abandoned for the night, and there will be absolutely no exceptions of this. Please note there is no suitable shelter on our fields in case of inclement weather. If an abandoned game has reached the half time interval, the result stands. Otherwise, the game will be rescheduled.

Wainfleet Coed Soccer 17+ Participation Agreement and Terms and Conditions 2022

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

 Name of Participant: _____ Age _____ Date of Birth _____

IN CONSIDERATION of allowing myself to participate in the programs, activities and events of Wainfleet Soccer, **I ASSURE TO YOU THAT:**

1. I am the participant or parent/guardian of the above named participant(s) having full legal responsibility for decisions regarding the above named participant.
2. I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but are not limited to injuries from:
 - a. Vigorous physical exertion, strenuous techniques and strenuous cardiovascular workouts;
 - b. Falls to the ground due to uneven or irregular terrain or surfaces;
 - c. Collisions with soccer equipment;
 - d. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - e. Contact, colliding or being struck by other participants, spectators, equipment or vehicles; and
 - f. Exerting and stretching various muscle groups.
3. Furthermore, I am aware that I or my child/ward may:
 - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;

- c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
- d. Risk of injury is reduced if he/she follows all the rules established for participation; and
- e. Risk of injury increases as he/she become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

1. I understand that myself or my child/ward cannot play in any soccer game until after this registration form and payment has been accepted by the Board of Wainfleet Youth Soccer and its appointed persons.
2. I am registering myself or my child(ren)/ward(s) willingly and myself or my child(ren)/ward(s) is participating voluntarily in these activities.
3. I agree that there are risks in soccer as described above and myself or my child(ren)/ward(s) will be exposed to these risks and hazards. And I agree to accept all these risks and hazards and be responsible for any injury or other loss which myself or my minor child(ren)/ward(s) might receive while participating in these activities.
4. I agree that there are risks associated with COVID-19 and I agree to assume those risks, for me and my child(ren)/ward(s), including but not limited to exposure and infection.
5. I accept all liability for any damage to the playing equipment caused by myself or my child/ward's careless, negligent and/or improper handling. And I accept sole responsibility for myself or my child/ward's personal possessions and athletic equipment
6. If something happens to myself or my child(ren)/ward(s), I release the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child(ren)'s/ward(s)' participation. I understand "Organizers" to mean: Wainfleet Youth Soccer directors, officers, volunteers, officials, participants, sponsors owners/operators of facilities and representatives.
7. I am aware of Wainfleet Youth Soccer's policies, rules and regulations, code of conduct and fair play and agree to abide by them and to be bound by them.



Accident Insurance

Executing this agreement will not preclude your child(ren)/ward(s) from accident insurance coverage, subject to the terms and conditions of Wainfleet Youth Soccer's insurance policy.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have reviewed the participation agreement attached and my signature affixed hereto indicates my agreement with such participation agreement. In consideration of the acceptance of my registration with Wainfleet Coed 17+, I participant/parent/guardian (for the participants under 18 years of age), agree as follows:

By signing and dating below, you agree that you are the participant, parent or legal guardian of the player(s) being registered and to be bound by this Legal Agreement even if you have not read the agreement.

Printed Name of Parent or Guardian	Signature of Parent or Guardian	Date
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Printed Name of Participant	Signature of Participant	Date
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Wainfleet Coed Soccer 17+

PLAYER REGISTRATION FORM 2022

EMERGENCY CONTACT INFORMATION - please fill out completely

Full Name: _____ Relationship: _____

Last First

Address: _____

Street Address City Province

Postal Code

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____

PLAYER INFORMATION - FILL OUT COMPLETELY *form used for making teams*

Full Name: _____

Last First

Birth Date: ____/____/____ Gender: _____ Medical Issues: _____
yyyy / mm / dd

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____

Years Played: _____ Position Preferred: _____

Briefly describe your experience:

office use only

office use only

office use only

office use only

Agreement Signed?

Skill

Position