



**2009/10 INDOOR REGISTRATION FORM**  
 11151 Keele Street, Maple, ON. L6A 1S1  
 PHONE: 905. 832.0911 FAX: 905.832.0624

OSA # \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Bus. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Date of Birth: (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (in 2010): \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

**Interest:** Competitive \_\_\_\_ Recreational \_\_\_\_ Experience (Yrs): \_\_\_\_ Club last registered with: \_\_\_\_\_

**Playing history:** Has the player ever registered to play soccer in another country? If yes, please answer the following questions:

1. Name of country: \_\_\_\_\_ 2. Name of Club: \_\_\_\_\_
3. Year player was last registered in another country: \_\_\_\_\_

Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year

**I would like to volunteer as:** Coach \_\_\_\_ Assistant Coach \_\_\_\_ Sponsor \_\_\_\_ Referee \_\_\_\_ Other \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

**TERMS AND CONDITIONS: REGISTRATION FEES: (Cheques are made payable to the Vaughan Soccer Club Inc.)**

**YOUTH RECREATIONAL: \$300.00**

**YOUTH COMPETITIVE: \_\_\_\_\_**

**OTHER: \_\_\_\_\_**

**CONSENT FOR USE OF PERSONAL INFORMATION**

I authorize the Canadian Soccer Association, the Ontario Soccer Association, York Region Soccer Association, my league and the Vaughan Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communication from the O.S.A., Y.R.S.A., League and the Vaughan Soccer Club (VSC). \*We do not sell or distribute your personal information to any other third party not listed herein\*.

**Registration Fee(s) (house league) after September 21, 2009 will be \$ 325.00**

**NO refunds will be considered after September 30, 2009**

**A minimum \$75.00 administrative surcharge applied to all refunds**

V.S.C. reserves the right to move players from one team to another within the club

**V.S.C. will not honour request**

**\$ 40.00 fee for NSF cheques**

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer Association, York Region Soccer Association and the Vaughan Soccer Club, I the participant and parent/guardian (if participant is under 18 of age), agree as follows:

1. I understand that I or my child/ward cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in the Ontario Soccer Association's computerized registration system.
2. I am aware of the Ontario Soccer Association, York Region Soccer Association, Vaughan Soccer Club Inc., and League by-laws, policies, rules and regulations and agree to abide by them and to be bound by them.
3. I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
4. I accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and / or improper handling.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily. I accept the above terms and conditions. I certify that the information provided on this registration form is correct and complete. I have reviewed the waiver / participation agreement attached and my signature affixed hereto indicates my agreement with such waiver / participation agreement.

\_\_\_\_\_  
Signature of participant (if aged 18 and over)

\_\_\_\_\_  
Signature of parent / guardian (if under 18)

\_\_\_\_\_  
DD/ MM/ YY

**OFFICE USE ONLY:** Payment Received By: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Cash \_\_\_\_ Cheque # \_\_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ Debit Card \_\_\_\_ Authorization# \_\_\_\_\_