



CLAIRLEA-WESTVIEW SOCCER CLUB

Celebrating 44 years of Church Affiliated Community Service

Website: clairlea-westview.ca

Email: clairleawestviewsc@yahoo.ca



2012 OUTDOOR REGISTRATION FORM

Receipt Number

Year Born

Players must provide proof of Age
Please print neatly in blue or black ink.

House League Select Competitive

OSA Number

Select and Competitive
Require Coach's Signature:

APPLICANT INFORMATION:

If you played for Clairlea-Westview in the last two years did you receive a registration form and letter in the mail? Yes No

Have you moved since last playing with Clairlea-Westview? Yes No

First Name: _____ Last Name: _____

Gender: Male Female Birth Date: Year _____ Month _____ Day _____

Apartment: _____ Address: _____

City/Town: _____ Province: Ontario Postal Code: _____

Phone (hm): _____ Health Card: _____

Email: _____ Home School: _____

PARENTAL INFORMATION:

Father/Guardian _____ Mother/Guardian _____

Phone (hm): Same as Above Phone (hm): Same as Above

Email: _____ Email: _____

REGISTRATION AND FEES:

REGISTER IN PERSON between the hours of 10:00 am and 2:00 PM on any of the following four Saturdays:

Feb. 11th, Feb. 25th, Mar. 24th and April 14th 2012

At Clairlea Park Presbyterian Church

(3236 St Clair Avenue East north side of St. Clair, one block east of Pharmacy)

REGISTER BY MAIL

- Send
- 1) Completed Registration form signed by both parent and player
 - 2) Payment by cheque or money order (**Do not send cash in the mail**)
 - 3) Photocopies of birth certificate (or equivalent proof of birth) and health card (**do not mail originals**)

To: **Clairlea-Westview Soccer Club,**
17 Medonte Avenue,
Scarborough, Ontario
M1L1Z2

FEES

Age 5 to	Age 10	(2007 – 2002)	Mini House League	\$ 100.00	Per Player
Age 11 to	Age 16	(2001 – 1996)	Regular House League	\$ 110.00	Per Player
Age 17 to	Age 19	(1995 – 1993)	Regular House League	\$ 130.00	Per Player
Age 10 to	Age 18	(2002 – 1994)	Competitive	\$ 260.00	Per Player

Early Bird Discount: House league Players who register by February 25th 2012 will receive a \$10.00 discount.

There is a 10% discount for families registering three or more children.

THE CLUB IS RUN BY VOLUNTEERS: PLEASE INDICATE HOW YOU WOULD BE WILLING TO HELP

Convenor Asst. Convenor Photo Day Fundraising Tournaments Equipment Other Capacity

Coach Asst. Coach All coaches are **required to fill out a coach's application form.** Coaching clinics will held. Please visit our website or contact Jim McPherson at (416) 755-6625 for more information.

New Ref Returning Ref All new and returning referees are **required to fill out a separate 2012 application form** Please visit on website or contact Ken Pettigrew at (416) 261-2891 for more information.

First Name: _____ Last Name: _____ Home Phone: _____



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NOTICE OF RISKS AND HAZARDS

All sports (including soccer) involve risk.

I (or my child/ward) am participating voluntarily in these activities and events. I agree that there are risks and hazards in soccer and accept that I (or my child/ward) may be exposed to these risks and hazards.

By signing below, I acknowledge these risks and accept full responsibility for any injury or loss, which I (or my child/ward) might experience while participating in these activities and events. **I release the organizers of any and all responsibility** for any claims, demands, actions and costs that might arise out of my participation. In this Agreement, I understand "organizers" to mean: CSA, OSA, SSA, CWSC, their directors, officers, members, employees, volunteers, officials, participants, and representatives.

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize CWSC, SSA and OSA to collect and use personal information about me and my child / ward, included in this form and any other additional information obtained for the following purposes:

- Receiving communications from CWSC, SSA, OSA and its sponsors;
- Media relations and publishing sports information;
- Posting information on CWSC/OSA website including images
- Determining membership demographics;
- Ensuring appropriate age group/category and player eligibility;
- Player Identification and team balancing;
- Local Government Requirements, and
- In the case of medical emergencies.

I also authorize CWSC to disclose my and my child/ward's personal information to the CSA, OSA, SSA, Leagues and Tournament Host Organizations for the purpose of annual demographic reporting, registration, posting competition information, organizational needs and to communicate with registrants about soccer programs, events and activities; and any third party agent contracted to facilitate direct mailings from CWSC and OSA.

I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting The Ontario Soccer Association's (OSA) Privacy Officer at 905-264-9390 or by email to OSAprivacyOfficer@soccer.on.ca

REFUNDS

For refunds please refer to the refund policy posted on the club's website. Requests for refunds must be mailed to **17 Medonte Ave, Scarborough, Ontario, M1L 1Z2**. Please allow 4 to 6 weeks for refunds to be processed.

TERMS AND CONDITIONS

In consideration of membership to CWSC and the OSA, I, the participant (or parent/guardian if participant is under 18) agree to the following:

- I understand that I cannot play in any sanctioned soccer game until this registration form has been entered in The OSA's registration system.
- I have reviewed the Notice of Waiver of Risks and Hazards and accept all responsibilities defined.
- I have read, understand and agree to the club's limited use of my personal information.
- I will abide by the published rules and policies of the OSA, SSA, CWSC and sanctioned leagues.
- I accept sole responsibility for my child/ward's personal possessions.

I have read the special request policy and understand that it may not be possible to accommodate a specific request.

My signature (below) acknowledges that I have read this registration in its entirety and agree with all terms and conditions:

Player's Signature (12 years and older)

Parent/Guardian Signature

Date

REMEMBER TO:

Sign Form

Included Payment

Proof of age for new Players (Photocopy Only)

Make cheques payable to "Clairlea Westview Soccer Club" and mail to 17 Medonte Ave, Scarborough, Ontario, M1L 1Z2

CLUB USE ONLY

Rec. (y/m/d): 2012 / / Rec by: _____ Early 10% Fam Player Fee: _____

Rec. in: Mail Reg Day Field Drop Off Other Cash Cheque Total Rec: _____

Proof of Age: Returning Birth Cert Baptismal Health Other Division: U

• AFFILIATED WITH CHURCHES IN EAST TORONTO SINCE 1969 •

• ALL HALLOW/ST. COLUMBA & ST. BEDE'S ANGLICAN • CLAIRLEA PARK, FALLINGBROOK, WESTMINSTER & WESTVIEW PRESBYTERIAN •
• KINGSTON ROAD UNITED • OUR LADY OF FATIMA, ST. DUNSTAN & ST. BONIFACE ROMAN CATHOLIC •

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