



Adult Soccer Player Registration Form

Kingston, Ontario
Tel.: 613.544.1796 Email: pacadult@gmail.com
www.pegasusac.ca
Club Number: **1907**

PERSONAL INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apt/Unit #*

Address: _____
City *Province* *Postal Code*

Home Phone: () Alternate Phone: ()

FAX Number: () E-mail Address: _____

Birth Date: _____ Proof of Birth Date: Birth Certificate Old Card Other

OSA Registrant Number: _____ Gender: _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Ontario Soccer Association (OSA), the Southeast Ontario Soccer Association (SOSA), and the Pegasus AC Soccer Club (PAC) to collect and use personal information about me for the following purposes:

1. Receiving communications from the OSA, SOSA, and the Pegasus AC Soccer Club;
2. Determining appropriate age group, player classification and eligibility;
3. Player identification and recruitment.

I also authorise the OSA, SOSA and PAC to disclose my personal information to: the Canadian Soccer Association, the League in which I play, and all Tournament Host Organisations for the purposes of registration and to communicate with me about soccer programs, events and activities; ITS Sportsnet; and a third party agent solely to facilitate direct mailings, and for no other purpose.

I understand that I may withdraw my consent to collection, use or disclosure of my personal information at any time by contacting the OSA's Privacy Officer:

Attention: OSA Privacy Officer
The Ontario Soccer Association,
7601 Martin Grove Road, Vaughan, ON L4L 9E4
OSAPrivacyOfficer@soccer.on.ca

Note: We do not sell or distribute your personal information to any other third party not listed herein.

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in the OSA, SOSA and PAC, I, the participant, agree as follows:

1. I understand that I cannot play in any sanctioned soccer game until after this registration form has been validated, and the registration information has been entered into the OSA's computerised registration system;
2. I have reviewed the waiver/participation agreement attached, and my signature affixed hereto indicates my agreement with such waiver/participation agreement;
3. I am aware of the OSA's, SOSA's, the Pegasus AC Soccer Club's and, where applicable, the League's bylaws, policies, rules and regulations, and agree to abide by them and be bound by them;
4. I accept sole responsibility for my personal possessions and athletic equipment;
5. I accept all liability for any damage caused to playing equipment by my careless, negligent and/or improper handling of it.

I acknowledge that I have read this registration agreement in its entirety, and that I have executed this registration agreement voluntarily.

Date: _____

Signature of Participant

Co-ed or Women's Team

Signature of Club Official

Paid by: Cheque () Money Order ()

