



PICKERING SOCCER CLUB / OSA - REGISTRATION FORM
RECREATIONAL / ALL STAR COACH (18 & Over)
Season: Indoor / Outdoor (please circle) Year: 20 ____

COACH CONTACT INFORMATION

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

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *Province* *Postal Code*

Home Phone: () _____ Business Phone: () _____

Cell Number: () _____ E-mail Address: _____

COACH INFORMATION

Birth Date: (y/m/d) _____ OSA Registrant # _____ Gender: _____

TEAM DETAILS

Club Name: PICKERING SOCCER CLUB Team Name: _____

League Name: RECREATIONAL / ALL STAR Division Name: UNDER BOYS / GIRLS

Indoor: Mini Futsal ____ Youth Futsal ____ Senior Futsal ____

Outdoor: Micro Outdoor ____ Mini Outdoor ____ Youth Recreational ____ Senior Recreational ____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, Ontario Soccer Association, Durham Region Soccer Association, and the Pickering Soccer Club to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, District Association, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to: **Attention: OSA Privacy Officer, Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4.** The Privacy Officer will advise the implications of such withdrawal.

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 Ontario Soccer Association, District Association and Club, I, the participant agree as follows:

1. I understand that I cannot coach 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 have reviewed the waiver attached and my signature affixed hereto indicates my agreement with such waiver
3. I am aware of The Ontario Soccer Association, Durham Region Soccer Association, Pickering Soccer Club and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
4. I accept sole responsibility for my possessions and athletic equipment.
5. I accept all liability for any damage to the coaching equipment caused by me or my careless, negligent and/or improper handling.

By signing and dating below you agree that you are the coach being registered and to be bound by this Legal Agreement even if you have not read this agreement.

 Signature of Coach _____
 Date

For use by CLUB REGISTRAR SIGNATURE _____ Date _____	For use by District Association SIGNATURE _____ Date _____
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ONTARIO SOCCER ASSOCIATION

**WAIVER AND RELEASE OF LIABILITY
(To be signed by coaches 18 yrs of age and older)**

By signing this form you give up important legal rights. Please read carefully!

1. This is a binding legal agreement. As a Participant in the programs, activities and events of the Ontario Soccer Association, their Districts, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.

Disclaimer

2. The Ontario Soccer Association, their Districts, Leagues and Clubs, directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

3. In consideration of my participation as a Participant in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards of soccer include, but are not limited to injuries from:
- Executing strenuous and demanding physical techniques in soccer;
 - Dry land training including weights, running, and massage;
 - Grass, turf and other surfaces including bacterial infections and rashes;
 - Falls to the ground due to uneven or irregular terrain or surfaces;
 - Collisions with walls and soccer equipment;
 - Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - Spinal cord injuries which may render me permanently paralyzed;
 - Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - Vigorous physical exertion and strenuous cardiovascular workouts;
 - Exerting and stretching various muscle groups; and
 - Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.
4. Furthermore, I am aware:
- That injuries sustained in soccer can be severe;
 - That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - That I may experience anxiety while challenging myself during the activities;
 - That my risk of injury is reduced if I follow all rules adopted during training; and
 - That my risk of injury increases as I become fatigued.

Release of Liability

5. In consideration of the Organization allowing me to participate as a Participant, I agree:
- a) To assume all risks arising out of, associated with or related to my participation;
 - b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
 - c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Accident Insurance

Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Ontario Soccer Association's insurance policy.

Acknowledgement

By signing and dating below you agree that you are the coach being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Name of Participant

Signature of Participant

Date



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COACHING POSITION PREFERRED (specify Age Group and Gender) – **COACH / ASST COACH** (please circle)

1st Choice _____ 2st Choice _____

Do you anticipate having your son or daughter playing on the team? Yes No

Name _____ YOB _____ M _____ F _____

Name _____ YOB _____ M _____ F _____

PREVIOUS COACHING EXPERIENCE

If you have coached a team within the past three (3) years, please indicate the following:

	Year	Club	Age Division	League
1				
2				
3				

REQUIREMENTS

- A. If you have them, please attach a photocopy of your OSA coaching level certifications.
- B. SCREENING: A CIR (Criminal Information Request or "police check") is required as a condition of a coaching assignment as follows:
 - Recreational – coaches for youth up to the age of 15 – every 3 years
 - Recreational – coaches for youth aged 16-18 – every 2 years
 - All Star – all coaches, regardless of the age of the team - every 2 years

For all new coaches and members of the coaching staff, an original and current CIR report within the last 3 months should be available for review by PSC Screening Officer. The Police Services now require a letter from the organization (PSC) that you are volunteering for **prior** to running the check. Please contact the PSC Screening Officer to obtain the required forms.

Your approval as a coach remains PENDING until the conclusion of the Screening process with a signed DECLARATION.

- C. Personal References (3) *non- family members* - (Complete the table below particularly if you are applying to coach **All Star**):

	Name	Home phone #	Work Phone #	E-mail
1				
2				
3				

- D. New **All Star** coaches will be asked to attend a personal interview with a PSC Screening Officer prior to confirmation of team assignment.
- E. Coaches are required to attend **all** Coaches' meetings called by the club and are strongly recommended to attend coaching clinics offered by the Pickering Soccer Club.

I have reviewed and agreed to the role and position (as defined) and have accurately completed this application and understand that the above references will be contacted. I understand that the appointment of any coach is at the full discretion of the PSC and that acceptance may be revoked by the PSC.

I agree to abide by the PSC Zero Tolerance policy and the Code of Conduct. Further, I understand that failure to comply with the Policies and Rules & Regulations of the Club, the League/Region and the OSA will result in disciplinary action and possible removal from my coaching duties with PSC.

Signature

Date

FOR CLUB USE ONLY

Date received -		All Star Y / N	Recreational Y / N
	<i>Date Completed</i>		<i>Date Completed</i>
CIR Receipt		Personal references (AS)	
CIR Report		Interview (AS)	
CIR Reimbursed		Photocopy of Certifications (AS)	