





**PICKERING SOCCER CLUB / OSA – PARTICIPATION AGREEMENT  
RECREATIONAL / ALL STAR COACH (FOR THOSE UNDER 18 YEARS)**

**Season: Indoor / Outdoor (please circle) Year: 20 \_\_\_\_\_**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS. PLEASE READ CAREFULLY!**

**Name of Participant:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

1. This is a binding legal agreement. As a parent/guardian of 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 child/ward's participation 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 my child/ward may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my child/ward may experience anxiety while challenging him/herself during the activities;
- That my child/ward's risk of injury is reduced if we follow all rules adopted during training; and
- That my child/ward's risk of injury increases as they become fatigued.

**Release of Liability**

5. In consideration of the Organization allowing my child/ward to participant, I agree:
- a) To assume all risks arising out of, associated with or related to my child/ward's participation;
  - b) To be solely responsible for any injury, loss or damage that my child/ward 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 child/ward 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 for your child/ward, subject to the terms and conditions of The Ontario Soccer Association's insurance policy.

**Acknowledgement**

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

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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**Season: Indoor / Outdoor (please circle) Year: 20 \_\_\_\_\_**

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

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> 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 of Parent/Guardian

\_\_\_\_\_  
Signature of Participant (Coach)

\_\_\_\_\_  
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)	