



In Motion Program Registration

Pickering Soccer Club
1975 Clements Road,
Pickering Ontario L1W 4C2
inmotion@pickeringssoccer.ca

Personal Information

Last name				First name			
Address							
City			Province			Postal Code	
Home Phone				Cell Phone			
Email Address				I would like to receive information about the In Motion Program <input type="checkbox"/>			
Date of Birth	Day	Month	Year	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

Medical Information

You are advised to consult with our family doctor prior to participating in programs/events offered by the Pickering Soccer Club.

Medical Concerns					
Emergency Contact			Relationship		
Home Phone Number			Cell Phone Number		

PAR-Q+

Please read the 7 questions below and answer each one honestly: check yes or no	Yes	No
1) Has your doctor ever said that you have a heart condition or high blood pressure?		
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
3) Do you lose balance because of dizziness or have you lost consciousness in the last 12 months? <small>Please answer no if your dizziness was associated with over-breathing (including during vigorous exercise).</small>		
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?		
5) Are you currently taking prescribed medication for a chronic medical condition?		
6) Do you have bone or joint problem that could be made worse by becoming more physically active? Please answer no if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.		
7) Has your doctor ever said that you should only do medically supervised physical activity?		

Source: Physical Activity Readiness Questionnaire PAR-Q+ ©. Used with permission from the Canadian Society of Exercise Physiology

Photo Consent (please check box)

I grant full rights to use the images resulting from the photo graphy/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Assumption of Risk Release and Waiver of Liability Indemnity Agreement. By signing this form you give up important legal rights. Please read carefully!

This is a binding legal agreement. As a participant at the Pickering Soccer Centre, the undersigned acknowledges and agrees to the following terms.

A. The Pickering Soccer Centre, the City of Pickering, and the Pickering Soccer Club, their directors, officers, employees, coaches, volunteers, officials, participants, 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.

B. In consideration of my participation as a participant at the Pickering Soccer Centre, I hereby acknowledge that I am aware of the risks and hazards associated with/related to soccer or other physical activity at the PSC.

I hereby release the Pickering Soccer Club, the Pickering Soccer Centre and the City of Pickering from all claims arising from any accidents or injury which are caused by or arise from participation of the applicant named above, during any program, or in any facility or in any location that they program is being held.

Signature: _____ Date: _____

For office use:
