



# SCARBOROUGH RANGERS SOCCER CLUB

## REGISTRATION FORM

Tel: 905-472-5940 905-471-1637

www.gorangersongo.com

INDOOR   
OUTDOOR

### FAMILY CONTACT INFORMATION

Full Name: \_\_\_\_\_  
 Address: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### PLAYER INFORMATION #1 - \$110

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Email: \_\_\_\_\_  
 Birth Date: (y/m/d) \_\_\_\_\_ OSA Registrant # \_\_\_\_\_ Gender: \_\_\_\_\_  
 OHIP Number (Optional): \_\_\_\_\_ \*OHIP Numbers are optional to collect and an optional field for this form\*

### PLAYING HISTORY #1

**ATTENTION: The "PLAYING HISTORY" section MUST be completed** - Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.

Has the player ever registered to play soccer in another country? \_\_\_ Yes \_\_\_ NO  
 If Yes, answer the following questions:  
 a) In which country (other than Canada) did the player last register? \_\_\_\_\_  
 b) With which Club did the player last register in another country? \_\_\_\_\_  
 c) In which year did the player last register in another country? \_\_\_\_\_

### PLAYER INFORMATION #2 - \$100

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Email: \_\_\_\_\_  
 Birth Date: (y/m/d) \_\_\_\_\_ OSA Registrant # \_\_\_\_\_ Gender: \_\_\_\_\_  
 OHIP Number (Optional): \_\_\_\_\_ \*OHIP Numbers are optional to collect and an optional field for this form\*

### PLAYING HISTORY #2

**ATTENTION: The "PLAYING HISTORY" section MUST be completed** - Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.

Has the player ever registered to play soccer in another country? \_\_\_ Yes \_\_\_ NO  
 If Yes, answer the following questions:  
 a) In which country (other than Canada) did the player last register? \_\_\_\_\_  
 b) With which Club did the player last register in another country? \_\_\_\_\_  
 c) In which year did the player last register in another country? \_\_\_\_\_

### PLAYER INFORMATION #3 - \$90

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Email: \_\_\_\_\_  
 Birth Date: (y/m/d) \_\_\_\_\_ OSA Registrant # \_\_\_\_\_ Gender: \_\_\_\_\_  
 OHIP Number (Optional): \_\_\_\_\_ \*OHIP Numbers are optional to collect and an optional field for this form\*

### PLAYING HISTORY #3

**ATTENTION: The "PLAYING HISTORY" section MUST be completed** - Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.

Has the player ever registered to play soccer in another country? \_\_\_ Yes \_\_\_ NO  
 If Yes, answer the following questions:  
 a) In which country (other than Canada) did the player last register? \_\_\_\_\_  
 b) With which Club did the player last register in another country? \_\_\_\_\_  
 d) In which year did the player last register in another country? \_\_\_\_\_

### CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, the Ontario Soccer Association, (insert name of your District Association), and (insert name of your Club) to collect and use personal information about me or my child/ward for the purpose of receiving communications from the 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.\***

#### For use by CLUB REGISTRAR

Verification of Birthdates: \_\_\_ Birth Certificate \_\_\_ Player Book \_\_\_ Other

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_ Cheque No. \_\_\_\_\_

Due \$ \_\_\_\_\_ Date \_\_\_\_\_

Are you a new registrant to Scarborough Rangers? \_\_\_ Yes \_\_\_ NO

**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 and parent/guardian (if participant is under 18 years of age), agree as follows:

1. I understand that I or my child/ward cannot play 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/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of The Ontario Soccer Association, Scarborough Soccer Association, Scarborough Rangers 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 or my child/ward's personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and/or improper handling.

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

Signature of Player #3 (If 18 and over)

Signature of Parent/Guardian (If any Player aged under 18)

Date

**Consent for Use of Personal Information**

I authorize the Canadian Soccer Association, Ontario Soccer Association, Scarborough Soccer Association, Scarborough Rangers Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communications; and the disclosure of my or my child/ward's name and address to the (Municipality) for the purpose of securing fields and no other purpose.

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](mailto: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.\*

Signature of Parent/Guardian (If any Player aged under 18)

Date

**Parent Image Release and Waiver**

On behalf of myself, my heirs and estate, I give Scarborough Rangers Soccer Club and its sponsors, their advertising agencies, and others working for or on their behalf, the irrevocable right to reproduce, copy, publish, or otherwise use my comments, voice, picture, portrait, photograph or other likeness (with or without my name associated thereto) in any, media and manners, without restriction as to changes or alterations, for advertising, trade, promotion, exhibition, or any other lawful purposes.

I waive any right to inspect or approve the image, photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown.

I agree that I will have no claim to royalties, compensation or other benefit, and no claim (including, without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use or any blurring, distortion, alteration, optical illusion, or use in composite form, whether or not intentional.

I am 18 years of age or over and am competent to sign this release.

Signature of Parent/Guardian (If any Player aged under 18)

Date