



DEVELOPMENT Through Discipline

## FIRST TOUCH FUTBOL REGISTRATION FORM

### Parent /Guardian Information

Parent or Guardian Full Name: \_\_\_\_\_ \* Required

Street: \_\_\_\_\_ Apt /Unit # \_\_\_\_\_

City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_ \* Required

Home telephone: \_\_\_\_\_ Cell : \_\_\_\_\_

Email: \_\_\_\_\_ \* Required

### Player Information

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M  F

OSA # (leave blank if you don't know): \_\_\_\_\_

**Proof of Age:** Has this player registered with the Academy before?  Yes  No

If you answer no you will need to submit a copy of a document that shows proof of the players date of birth. We will send you an email with details on how to do this

### Player History

Total # of years played \_\_\_\_\_ Name of Club last registered with in Canada \_\_\_\_\_

Has the player ever registered to play soccer in another country?  Yes  No

If Yes, answer the following questions:

Country (other than Canada) last register? \_\_\_\_\_

Club last register in another country? ) \_\_\_\_\_

Year last register in another country? \_\_\_\_\_

### Player Medical Information

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_



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### Waiver and Release of liability First Touch Futbol

This is a binding legal agreement I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant:

I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but not limited to injuries from:

- Strenuous and demanding physical techniques in soccer;
- Training with weights, running, and stretching
- Bacterial infections and rashes because of grass, turf, and other surfaces
- 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;
- 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.

Furthermore, I am aware that my child/ward may:

- Sustain injuries in soccer that can be severe, cause spinal cord injuries, and even be fatal;
- Experience anxiety while challenging himself/herself during the activities, events, and programs;
- Come into close contact with other participants, including the possibility of accidental and unexpected contact;
- Risk of injury is reduced if player follows all rules established for participation; and
- Risk of injury increases as player becomes fatigued

#### Disclaimer

First Touch Futbol, their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, are not responsible for any injury, damage, or loss of any kind that happened to a participant during or as a result of any activity, program or event.

#### Release of Liability

- I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
- If something happens to my child/ward, I release the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand "Organizers" to mean: Academy, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants
- I agree to accept all these risks and hazards and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.

#### Acknowledgment

I acknowledge on behalf of myself, my heirs, assigns, personal representatives and next of kin that

I have read, and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

\_\_\_\_\_  
Parent / Guardian name

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date