






NIAGARAFALLS SOCCER CLUB

2019 Outdoor House League Soccer Registration

905-374-4040 . Fax 905-374-3018
www.nfsc.ca . nfscoffice@gmail.com
Office Location: 3800 Springdale Ave. ~ E.E Mitchelson Park

All Parents/Players must complete form in full.

Section 1: Player Information and Fees * please note all registrations include full uniform and ball

Age Divisions	Cost	Born	Born	Born
 Timbits Kinderkicks				
U3/4	\$100.00	2016	2015	
 Timbits Minis				
U5/6	\$125.00	2014	2013	
 Timbits				
U7/8	\$160.00	2012	2011	
Youth Small Sided Divisions				
U9/10	\$185.00	2010	2009	
U11/12	\$185.00	2008	2007	
Youth Full Field Divisions				
U13/15	\$225.00	2006	2005	2004
U16 and Up	\$225.00	2003	2002	2001
Adult Divisions				
O45 Men's Rec	\$225.00			

Date of Birth: _____ Gender: Male Female

First Name: _____ Last Name: _____

Address: _____ City/Prov: _____

Postal Code: _____ Email: _____

Home Phone: _____ Mobil/Alternate: _____

Have you played for the NFSC in previous year? YES NO If YES, approx. number of years? _____

What Level of soccer did you play? TRAVEL - Name of League _____ / HOUSE Did you play on an All Star team? YES NO

Name of team/club last season: _____ Would like to receive information on future Programs/Clinics? YES NO

Section 2: REQUESTS

We here at NFSC want all players to have an enjoyable experience playing House League throughout the summer. We realize that they may like/need to play with friends or relatives whether it be for the social aspect, or for ride purposes. Please realize that this is an excellent opportunity for the children not only to learn how to play a sport, promote physical activity and have fun, but a chance for children to meet new friends!

We really do try to accommodate 1 or 2 requests - HOWEVER - We cannot guarantee requests for the following reasons:

- once teams have been made
- for registrations submitted past April 21st (this is not the Registration deadline, but request deadline)
- if there is an age difference out of the player's age division (for the safety of the player)
- if there are already way too many requests for one particular team
- U13/15 requests will not be accommodated

Request #1: _____ Request #2: _____

~ Please read carefully the information on the back and sign ~



ALL PROGRAMS AND ACTIVITIES HAVE THEIR RISKS



My Child/I participate in the game of soccer because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that we are/I am aware of the risks and hazards associated with or related to this activity.

The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer
- Injuries from dry land training including weights, running and massage
- Injuries from grass, turf and other surfaces including bacterial infections and rashes
- Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces
- Injuries from collisions with walls or soccer equipment
- Injuries resulting from 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
- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts
- Injuries from exerting and stretching various muscle groups
- 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 injuries sustained in soccer can be severe
- That I may experience anxiety while challenging myself during these activities
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact
- That my risk of injury is reduced if I follow all rules established for participation
- That my risk of injury increases as I become fatigued

I AGREE TO BE RESPONSIBLE FOR MY CHILD/MYSELF

My child is/I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, my child is/I am exposed to these risks and hazards. **I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.**

If something happens to my child/me, **I release the organizers of responsibility** for any claims, demands, actions and costs that may arise out of my participation. In this Agreement, I understand "organizers" to mean: The **Ontario Soccer Association, District Association, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and representatives.**

PRIVACY POLICY: It is understood that I can contact the Niagara Falls Soccer Club to review the information on file, and if necessary, make correction to any or all information. It is understood that all information on file is not provided or given to any other organization(s). The information is for the soccer requirements only and not to be used for any other purposes.

NOTICE OF WARNING: There is potential risk in training and participating in any sport. The NFSC has taken all necessary precautions to ensure a safe playing field, which must be followed by all players.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement. By signing it voluntarily, I am agreeing to abide by these terms I have read, and understood the privacy policy, registration rules and I agree to abide by the published Rules of the Ontario Soccer Association, The Niagara Soccer Association and the Niagara Falls Soccer Club.

Printed Name of Parent/Guardian/Player if 18+ _____

Signature of Parent/Guardian/Player if 18+ _____ Date _____

Thank you for Kicking it with NFSC!

ADMINISTRATIVE USE ONLY					
Amount Paid:		Method of Payment:	Credit:	Debit	Cash
Receipt #:		Date:			
Sponsorship:		Received On:		Cheque #:	
Discount Player 1:		Discount Player 2:			
Payment Received By:					