



2019-20 INDOOR REGISTRATION FORM

P.O. Box 852 11151 Keele St., Maple, ON, L6A 1S8

T. 905.832.0911 F. 905.832.0624

www.vaughansoccer.com

PLEASE PRINT CLEARLY

OSA # _____

Surname: _____

First Name: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ E-Mail: _____

Home #: () _____ Bus. #: () _____ Cell #: () _____

Date of Birth: (YY/MM/DD) ____/____/____ Age * (in 2020): _____ Male: _____ Female: _____

* Vaughan Soccer Club reserves the right to request proof of birth at any time *

Interest: Competitive _____ Recreational _____ Experience (Yrs): _____ Club last registered with: _____

Playing history: Has the player ever registered to play soccer in another country? If yes, please answer the following questions:

1. Name of country: _____ 2. Name of Club: _____

3. Year player was last registered in another country: _____

*Any person(s) who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year

I would like to volunteer as: Coach _____ Assistant Coach _____ Sponsor _____ Referee _____ Other _____

Volunteer's Name: _____ Telephone #: () _____

REGISTRATION FEES/TERMS AND CONDITIONS

YOUTH REC Early Bird: \$365.00 (Effective July 8/19-Sept 14/19)

YOUTH REC Regular Fee: \$385.00 (Effective Sept 15/19)

Cheques are to be made payable to **Vaughan Soccer Club**
\$40.00 fee charged on all returned cheques

Post Dated Cheques Will Not Be Accepted

Cash Payments must be made with exact change only

Refund Deadline is October 1st, 2019

All refund requests must be received via email on or before the refund deadline.

Admin Fee of **\$75.00** applies to **ALL refunds.**

Season Duration: Approximately 25 weeks (including pre season games and play offs)

Request Deadline: September 22, 2019 (VSC will not acknowledge requests received after this deadline)

Requests are not guaranteed

We reserve the right to move player(s) from one team to another within the club without notice and regardless of submitted request.

I understand, accept and will not dispute the terms as stipulated on this registration form (please initial)

I authorize the Canadian Soccer Association, the Ontario Soccer Association, York Region Soccer Association, my league and the Vaughan Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communication from the O.S.A., Y.R.S.A., League and the Vaughan Soccer Club (VSC). We do not sell or distribute your personal information to any other third party not listed herein.

Players must purchase their own turf soccer shoes and shin guards (shin guards are mandatory, children caught not wearing shin pads will not be eligible to play)

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer Association, York Region Soccer Association and the Vaughan Soccer Club, I the participant and parent/guardian (if participant is under 18 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 am aware of the Ontario Soccer Association, York Region Soccer Association, Vaughan Soccer Club Inc., and League by-laws, policies, rules and regulations and agree to abide by them and to be bound by them.

3. I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.

4. 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. I accept the above terms and conditions. I certify that the information provided on this registration form is correct and complete. I have reviewed the waiver / participation agreement attached and my signature affixed hereto indicates my agreement with such waiver / participation agreement.

Signature of participant (if aged 18 and over)

Signature of parent / guardian (if under 18)

YY/MM/DD

OFFICE USE ONLY: Payment Received By: _____ Amount \$ _____ Date Received: _____

Cheque# _____ MasterCard _____ Visa _____ Debit Card _____ Authorization# _____ Credit Note# _____

Cash _____ Cash Breakdown: 100 x _____ 50 x _____ 20 x _____ 10 x _____ 5 x _____ Coin Breakdown: _____