

# Ontario Parks & Recreation Department

Receipt #: \_\_\_\_\_  
Amount \$: 300.00

Team Name: \_\_\_\_\_ League: \_\_\_\_\_ Fall **2009**

## Agreement to participate in Youth Soccer League Division \_\_\_\_\_

1. I (coaches and players listed below) agree to participate in the Youth Soccer League.
2. I recognize that participating in this program could be dangerous and result in serious injury or death.
3. I understand that I must comply with all rules and safety procedures involved with this program as established by the Ontario Recreation Department.
4. I agree to follow all rules and instructions from staff members and officials assigned to direct this program.
5. I certify that, to the best of my knowledge, my current physical condition is satisfactory for participation in this program, that I am free of any health problems which would endanger my participation, and that I will inform Ontario Recreation and the official(s) should my condition change at any time during my participation in this program.
6. I agree to furnish proof of current physical examination upon request.
7. I recognize that failure to comply with the above mentioned numbers 3, 4, 5, and 6 could result in dismissal from the program.
8. I agree that our team will be responsible for the \$8.00 referee fee, payable directly to the referee, before the start of each game.

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### **Coach– Person to be contacted in case of any changes.**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Email address \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Asst. Coach – Person to be contacted, if cannot contact Captain.**

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Email address \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **TEAM MEMBERS**

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day Time Phone #: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Special Restrictions/Medications: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_