



**Saltfleet Stoney Creek Soccer Club Inc.**  
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Learn More: [www.saltfleetstoneycreeksc.ca](http://www.saltfleetstoneycreeksc.ca)

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## 2017 REP TRY OUT WAIVER FORM

A waiver form must be completed and signed by all individuals/players in order to take part in the try out sessions.

Age Group trying out for: Boys U \_\_\_\_ Girls U \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Town: \_\_\_\_\_ Phone #: \_\_\_\_\_

Club last played for: \_\_\_\_\_ Year Last Played: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

### Consent/Waiver:

In consideration of the acceptance of my child/ward's membership in the Ontario Soccer Association, District Association and Club, I, the parent/guardian (for Participant under 18 years of age), or player (for participant above 18 years of age or older) agree as follows:

1. I agree not to hold the Saltfleet Stoney Creek Soccer Club, Executive members, Directors, Coaches, Referees, or any other officer of the Club responsible for any claims against them or the club. I accept all liability for any damages to the playing equipment caused by my child/ward's careless, negligent and/or improper handling. By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement.
2. ALL SPORT, INCLUDING SOCCER, HAS ITS RISKS. I participate in the sport of soccer because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards of soccer include, but are not limited to: Injuries resulting from falls to the ground due to uneven or irregular terrain or surfaces.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If player is under 18yrs of age)

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If player is 18yrs or older)