



Saltfleet Stoney Creek Soccer Club Inc.
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Learn More: www.saltfleetstoneycreeksc.ca

2017 TPP ORIENTATION SESSION WAIVER FORM

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

Orientation Session Gender/Age Group: 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: _____