

# OAKVILLE SOCCER CLUB BREAKING BARRIERS PROGRAM REGISTRATION FORM



**Contact Information:**

Participant Name:			
Birth Date:		Jersey Size:	*Please indicate if a youth or adult size
Parent/Guardian Name:			
Address:			
Phone:			
Email:			

**Registrant Profile:**

Please describe your child's special needs:					
How do these special needs affect your child:					
Physically:					
Cognitively:					
Socially:					
Please list any medical precautions staff should be made aware of (seizures, respiratory conditions, ect.):					
Does your child use any equipment for day to day tasks (wheelchair, walker, AFO, etc.)? If yes, please indicate which equipment:					
Please rate the following on a scale of 1 to 5, 1 being very dependent, very difficult or very short, 5 being independent, very easy or very long.					
	1	2	3	4	5
Child's Level of Independence (mobility):					
Ability to communicate with new people:					
Ability to ask for help:					
Ability to communicate basic needs:					
Attention Span:					
Please indicate any triggers that may initiate negative behaviours or create an uncomfortable situation for your child:					
Has your child participated in a soccer program before? If yes, please describe their experience.					
Please share any information/suggestions you may have to assist OSC staff in ensuring a positive program experience for your child:					

**Parental Acknowledgement and Consent:**

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- I understand that the Breaking Barriers program is a parented program and that one parent/guardian/caregiver must be present for the entirety of each session.
- I understand that my child must wear the appropriate equipment (running shoes/cleats and shin pads) at each session.
- I have read all waivers pertaining to the program and accept the terms and conditions of my child's participation: [Youth Registration Waiver](#), [OSA Participation Agreement](#), [OSC Code of Conduct for Parents and Players](#) and the [OSC Friendly Fan Policy](#).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant OSC permission to share this registration information with Special Olympics Ontario for use in their database. Please [click here](#) to view the Special Olympics Ontario Privacy Policy.

### **Registration:**

Please return the completed registration form to Nick Vetro by email at [nvetro@oakvillesoccer.ca](mailto:nvetro@oakvillesoccer.ca), by fax to 905-849-3677 attn. Nick Vetro, or drop off in person at the Pine Glen Soccer Centre, 1520 Pine Glen Road, Oakville, ON to the attention of Nick Vetro. If your child is a first time registrant with the Oakville Soccer Club, a copy of a document supporting proof of age of the participant is required (birth certificate, passport, etc.). Once your registration has been completed, you will be contacted with payment options.

### **OSC Photo/Video Release Information**

I hereby grant the Oakville Soccer Club (OSC) and Special Olympics Ontario the right to take photographs/video of my child/self in connection with OSC related activities and programs.

I authorize the Oakville Soccer Club and Special Olympics Ontario, its assigns and transferees to copyright, use and publish these photographs/videos in print and/or electronically. I agree that OSC and Special Olympics Ontario may use such photographs/videos of my child and my family for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I hereby release and discharge the Oakville Soccer Club and Special Olympics Ontario of any and all claims and demands arising out of or in connection with the use of the photographs or videos, including without limitation any and all claims for compensation, libel or invasion of privacy.

Participant Name: \_\_\_\_\_

Parent/Guardian Name:  
(if participant is under 18 years of age) \_\_\_\_\_

Parent/Guardian Signature:  
(if participant is under 18 years of age) \_\_\_\_\_

Date: \_\_\_\_\_