



OAKVILLE SOCCER CLUB PARTICIPATION WAIVER



****PLEASE PRINT CLEARLY****

Player Name:	
Parent/Guardian Name:	
Address:	
City/Town:	
Postal Code:	
Phone:	
Email:	
Birthdate (MM/DD/YYYY):	
Previous Soccer Club:	
Last Season Played:	
Position: Forward/Midfield/Defender/GK	
Level :	<input type="checkbox"/> Academy <input type="checkbox"/> Development <input type="checkbox"/> House League <input type="checkbox"/> Other
Notes:	

IMPORTANT

OAKVILLE SOCCER CLUB PARTICIPATION WAIVER

The Oakville Soccer Club is committed to providing a safe and controlled environment for all participants by establishing rules for participation and proper conduct on or about the player area. I agree on behalf of the applicant that they will adhere to the published rules of Ontario Soccer, the Peel Halton Soccer Association and the Oakville Soccer Club. I agree to release and indemnify the Oakville Soccer Club, its coaches, officials and volunteers from any claims arising from accident or injuries incurred by the applicant while participating with the Club.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____