

## Soccer Registration 2025

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Phone Number

Email Address: \_\_\_\_\_

I consent to receiving email notifications of soccer updates. \_\_\_\_\_ (initial)

Address: \_\_\_\_\_

Please select a style and size of T-shirt:

Youth: XS S M L XL or Adult S or M

I consent to my child's photo being taken during soccer activities for promotional and social media purposes. Yes: \_\_\_\_\_ No: \_\_\_\_\_ (initial)

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received/Office Use



**Township of Nipissing  
SOCCER**

**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**

**NOTICE: By signing this document, you will assume certain risk & responsibilities.**

**Participant's Name:** \_\_\_\_\_

This waiver of informed consent and assumption of risk, outlines and provides information on activities, programs, classes, services provided, events sponsored and/or organized by the Township of Nipissing and/or its appointed Committees or Boards. As a Participant in this event, namely SOCCER, the authorized Parent or Guardian acknowledges and agrees to the terms and associated risks outlined in this agreement.

This form shall be completed by the Parent or Guardian having full legal responsibility for the decisions of the Participant.

**Description of Risks**

1. The Parties understand and acknowledge that:
  - a) The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life;
2. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers and hazards. The risks, dangers and hazards include, but are not limited to:
  - a) Contracting COVID-19 or any other contagious disease;
  - b) Executing strenuous and demanding physical techniques;
  - c) Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
  - d) Exerting and stretching various muscle groups;
  - e) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - f) Spinal cord injuries which may render the Participant permanently paralyzed;
  - g) Serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the Participant's body or to the Participant's general health and well-being;
  - h) Abrasions, sprains, strains, fractures, or dislocations;
  - i) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma;
  - j) Physical contact with other participants, spectators, equipment, and hazards;
  - k) Not wearing appropriate safety or protective equipment;
  - l) Failure to act safely or within the Participant's ability or within designated areas;
  - m) Grass, turf, and other surfaces including bacterial infections and rashes;
  - n) Collisions with fences, poles, stands, and soccer equipment;
  - o) Negligence of other persons, including other spectators, participants, or employees;
  - p) Weather conditions; and

☐ **We have read and agree to be bound by sections 1 and 2**

\_\_\_\_\_  
*(Initial of Parent/Guardian)*

**Terms**

3. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
  - a) That the Participant's mental and physical condition is appropriate to participate in the Activities;

***Please see other side***

- b) That when the Participant practices or train in his or her own space, the Parties are responsible for the Participant's surroundings and the location and equipment that is selected for the Participant;
- c) To comply with the rules and regulations for participation in the Activities;
- d) To comply with the rules of the facility or equipment;
- e) That if the Participant observes an unusual significant hazard or risk, the Participant will remove themselves from participation and bring such to the attention of a Township representative immediately;
- f) The risks associated with the Activities are increased when the Participant is impaired and the Participant agrees not to participate if impaired in any way;
- g) That it is their sole responsibility to assess whether any Activities are too difficult for the Participant. By the Participant commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity;
- h) That they are responsible for the choice of the Participant's protective equipment and the secure fitting of the protective equipment;
- i) Parent or Guardian shall provide supervision of their children at all times, **this is not a drop off event**;
- j) Parent or Guardian shall be responsible for their own children at all times. Volunteers will be on-site to ensure that the activity is successful; however, they are not responsible for supervision or disciplinary actions of any participants.

☐ **We have read and agree to be bound by section 3**

\_\_\_\_\_  
(Initial of Parent/Guardian)

#### **General**

- 4. The Parties expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.
- 5. I also agree that the Township of Nipissing and their agents, and employees may use the Participant's photograph in future promotions, Facebook, flyers, website.

#### **Acknowledgement**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND THE TOWNSHIP OF NIPISSING AND THEIR, VOLUNTEERS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Name of Participant (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian (print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***This document, once completed, is protected by MFIPPA (Municipal Freedom of Information and Protection of Privacy Act and will be maintained in a secure location within the Clerk's office.***