

Oakville Soccer Club Competitive Player Participation Waiver



Please complete the information below and hand to one of the Age Group coaches at the start of the session.

Date (MM/DD/YYYY): _____ Program/ Age Group: _____

Player First Name: _____ Player Surname: _____

Date of Birth (MM/DD/YYYY): _____ Current Program/Club: _____

Parent Name: _____ Parent Email: _____

Address (Full): _____

IMPORTANT

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 in the evaluations.

Parent/Guardian Name (Please print):	
Parent/Guardian Signature:	
Date:	