NHCA Women's 30+ Soccer INDOOR REC LEAGUE

REGISTRATION FOR: ☐ **MEMBERSHIP*** (\$20 / \$30 / \$50 / \$120) ☐ **REGULAR** (\$220) ☐ **SUB** (\$60) \square REGULAR + FAIR ENTRY (\$176) \square SUB + FAIR ENTRY (\$48) \square NEW PLAYER JERSEY (\$30) * If you already have a membership, please enter the following information: Membership #: _____ Membership expiry date: _____ Membership type: _____ * Please note: Membership is required to participate in this program, and needs to be valid until the end of your last game (minimum), to cover the insurance needed to play. Membership must be Single, Family, Business or Business Plus. **SCHEDULE:** Friday nights – games rotate for the teams at the following times: 8:00, 9:00, 10.00pm. Sept 9 to Sept 16: practice/ tech training/ team practices Sept 20, 21 & 23: the Gold Games tournament Oct 14 to March 31: one hour game per week for every team, dependent on availability (no games on Dec 02, 23, 30, and Feb 17). **Location:** Genesis Centre – 7555 Falconridge Boulevard NE, Calgary If you have any questions not covered by the information above, please email womenssoccer@telus.net **Included in the cost of the FULL program**, at lower prices than other leagues: licensed referees, technical sessions, social events, tournament. The FULL program registration fee is only \$220 (tax inclusive) for approximately 20 games, plus tournament. The SUBS registration fee is \$60 (tax inclusive), which covers 5 games. If you are a City of Calgary "Fair Entry" pass holder, you can register for 20% off in person at the NHCA office. PLEASE COMPLETE THE FOLLOWING: FIRST NAME LAST NAME DATE OF BIRTH POSTAL CODE (DD/MM/YYYY) STREET ADDRESS

NO

CITY

COMMUNITY

TELEPHONE #

Are you currently taking

any medication for any

EMAIL

medical condition (for	YE	ES (please explain):	
example: asthma, high			
blood pressure)?			
If YES, please explain.			
EMERGENCY CONTACT			
NAME			
EMERGENCY CONTACT			
TELEPHONE #			
WHICH TEAM DO YOU	Ro	oyal Blue	White
WANT TO BE PLACED ON?	Gr	reen	Purple
(If you are a new player,	Pi	ink	Black
please ONLY select NEW)	NE	EW	

PLEASE NOW CONTINUE TO PAGE 3 AND READ AND SIGN THE WAIVERS

FOR OFFICE USE ONLY	<u>:</u>			
INDOOR 30+ SOCCER	\$	GL#		
SUBS	\$	GL#		
MEMBERSHIP	\$	GL#		
TOTAL PAID	\$			
PAID BY: MASTERCAR	RD / VISA / DEBIT / CHEC	QUE / CASH (REC	CEIPT or Authorization #)
FAIR ENTRY? YES / NO	VALIDATION:			
STAFF:				
DATE:				
☐ Please attach rece	eipt to this page for prod	cessing		
☐ Please ensure the	sports waivers are signe	ed; make copies and ha	and to the signatory for their records	,

Terms & Conditions:

- 1. Shin pads are MANDATORY. Please bring your own to each training session / game.
- 2. IF YOU ARE A NEW PLAYER: You will need to purchase a jersey (\$30.00, yours to keep), which comes with shorts and socks.
- 3. Before undertaking any physical activity, we recommend you consult a physician, especially if you have had any heart problems, are over the age of 40, have been physically inactive in the past, or have any joint pain.

Refund Policy:

- Refunds (minus an administration fee; see general purchase and refund policy page at http://www.northernhills.ab.ca/contact/purchase-and-refund-policies/) will be given up to 14 days before the date of the first session.
- No refunds will be given after that date, except in the case of critical illness / injury to the player, which prevents participation, and will be pro-rated if games have already taken place. Proof of critical illness / injury will be required (e.g. doctor's note).

WAIVERS:

A. GENERAL INFORMATION RELEASE WAIVER (2016):

The following are examples of how personal information on the soccer program registration form may be used and disclosed for program related activities and are not intended as an all-inclusive list. These activities form a vital part of a healthy and functioning organization and the participation of all players in these activities is viewed as an important part of every participant's enjoyment and development in soccer.

- 1. The use of a registrant's name for the identification of assigned teams.
- 2. The use of a registrant's name, address, telephone number, email address, birth date, (parents'/guardians' names for under 18 soccer), address, telephone number, and email address for player identification purposes for soccer related activities.
- 3. The use of a registrant's name, address, email address and any other related contact information for the purpose of acquiring voluntary assistance when required.
- 4. The use of a registrant's name, telephone number, and related contact information for changes to schedules and any other soccer program related activities.
- 5. The use of a registrant's name and/or photo for athletic events and sport related information for community newsletters or other soccer related publications.
- 6. The use of individual, team, or group photos taken during a soccer related event for display during soccer related functions.
- 7. The use of photos/videos, taken by authorized NHCA personnel/volunteers, for educational/promotional purposes relating to the NHCA soccer program.
- 8. The use of a registrant's name and any health and/or related personal information to assist authorized individuals in responding to emergency situations and to assist the players who have a medical or other condition.
- 9. Players and/or parents/guardians are under no obligation to consent to points 5, 6 or 7, above: it is their voluntary decision to do so. However, if you do not wish to consent to any or all of points 5, 6 or 7, it is your responsibility to make the NHCA aware of this, in writing, before you or your child start the program. This

In co	mpleting registration for this program, I, being the
	playing, spectators and coaches are all made aware of this before the game begins.
	or elsewhere by members of the public, please ensure the other members of your team, the team you are
	wish to have photos, videos or images of yourself, or your child (for under 18 soccer) published on social media
	public and used for purposes within and outside NHCA Soccer without the authorization of NHCA. If you do not
	attending or participating in a soccer activity that are open to the general public may be taken by the general
	consent remains valid for the current soccer season only. Please note: Photos, videos or images of players

L		P	L	1	Y	E	R

PARENT / LEGAL GUARDIAN of the registered player (under 18) have read and understand the waiver information provided above and agree that I hereby voluntarily consent to the use and disclosure of the specified personal information as noted above, unless I follow the actions and terms in point 9, with respect to points 5, 6 or 7 only.
I also voluntarily consent to the use of my email address for the purposes of membership administration and periodical community information updates from the NHCA.
NAME (please print):
SIGNATURE:
DATE:
WITNESS (STAFF):
B. LIABILITY & RISK WAIVER (2016):
 This release form is inclusive of all NHCA soccer programs and activities for the current season. In agreeing to this waiver, the player and/or parents/guardians (of under 18s) recognize that soccer is a contact sport and that accidents and/or injuries to participants can result from the game.
In completing registration for this program, I, being the
□ PLAYER
□ PARENT / LEGAL GUARDIAN of the registered player (under 18)
hereby give my approval to the participation of the player named below in any and all of the programs and activities of NHCA Soccer.
I/We do further assume all risks and hazards incidental to the conduct of the activities including transportation to and from such activities.
I/We do further hereby release, absolve, indemnify and hold harmless the coaches, managers, trainers, officials and volunteers/officials appointed by NHCA Soccer, and I/We likewise do release from responsibility any person transporting the player to and from such activities.
I/We do hereby consent to the relevant registration information being provided to all authorized persons in NHCA Soccer including, but not limited to, NHCA staff, coaches, captains, managers, coordinators and registrars.
PLAYER NAME (please print):
Where applicable (under 18s only): Parent/Guardian Name (please print):
SIGNATURE:
DATE:
WITNESS (STAFF):

Women's (30+) Indoor Soccer Program – OFFLINE REGISTRATION FORM and Waivers

If you have any questions about the above waivers, please contact the NHCA Administrator at

admin@northernhills.ab.ca