

2020-21 Performance Soccer Academy - Fall-Winter Program



PARTICIPATION AGREEMENT (Waiver) FOR THOSE UNDER 18 YRS
By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: _____ Age _____ Date of Birth _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of the Performance Soccer Academy, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.

2a. I believe that my child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the 2020/21 Performance Soccer Academy and/or the Eastman Youth Futsal Program.

2b. **(Co-Vid 19) My child is currently free of any CoVid related symptoms.** * My child and I will complete the government of Manitoba's self screening tool (<https://sharedhealthmb.ca/covid19/screening-tool>) daily and prior to any Performance Soccer Academy session.

If my child is exhibiting any potential CoVid-19 related symptoms, he/she will not attend any PSA sessions. We will be in contact with Health Links/ Info Sante. My son/daughter will remain isolated until cleared to return to any public activities by a physician. If my child comes into close contact with someone who has been diagnosed with CoVid-19, or if a member of our household is diagnosed with the CoVid virus, or exhibits symptoms of CoVid-19, my son or daughter will not attend PSA sessions, until cleared by a physician.

3. I hereby acknowledge that I am aware of the risks and hazards associated with indoor soccer (futsal) training. The risks and hazards include, but are not limited to injuries from:

- a. Executing strenuous and demanding physical techniques in indoor soccer
- b. Falls to the floor due to, but not limited to, contact with other players during game play, drills, and warm-ups.
- c. Collisions with walls, soccer equipment and other participants;
- d. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- e. Contact, colliding or being struck by other participants, spectators, or equipment
- f. Vigorous physical exertion and strenuous cardiovascular workouts;
- g. Exerting and stretching various muscle groups;

4. Furthermore, I am aware that my child/ward may:

- a. Sustain injuries while participating that can be severe, cause spinal cord injuries and even be fatal;
- b. Experience anxiety while challenging himself /herself during the activities, events and programs;
- c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;

And I am aware that:

- d. Risk of injury is reduced if he/she follows all rules established for participation; and
- e. Risk of injury increases as he/she becomes fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.

6. *I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards. **These risks include the potential community exposure and transmission of the CoVid19 (Novel Coronavirus), despite all precautions.***

7. I agree to accept all these risks and hazards and be responsible for any injury or loss which my minor child/ward might receive while participating in these events, activities and programs.

8. If something happens to my child/ward, I release the Organizers of responsibility for any claims, demands, actions and costs, which might arise out of my child/ward's participation. I understand "Organizers" to mean: Performance Soccer Academy / Eastman Youth Futsal Program.

Accident Insurance

Executing this agreement will not preclude you from your own family/ school accident insurance coverage, subject to the terms of the Performance Soccer Academy. By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement.

Name of Parent or Guardian (print)

Signature of Parent or Guardian

Date signed

Performance Soccer Academy Eastman Youth Futsal League Program
Registration Form – Player info. 2020 - 2021



Participant's Name: _____

Gender: Male Female

Age: _____ Date of Birth: _____
(day / month / year)

Grade: _____ School attending: _____

Shirt sizing: YS YM YL YXL AS AM AL AXL

Parent /Guardian: _____ Cell # _____
First name Surname

Parent /Guardian: _____ Cell # _____
First name Surname

Address: _____

City: _____ Postal Code: _____

Home Ph.#: _____ Email: _____

*Emergency Contact: _____ Cell # _____
First name Surname

Completing Registrations: (options)

- a) Mail in registration form along with cheque to arrive on or before **Nov. 3rd, 2020**
to: **Performance Soccer Academy – 9 Rams Gate, Steinbach, MB, R5G 0X4**
or
- b) Phone/Email Steve @ **204-346-2932** to make alternate arrangements.
Email: performance-soccer@outlook.com

****Note:** If paying by cheque, make payable to: **"PERFORMANCE SOCCER ACADEMY"**
(Cash, Cheques or Etransfer will be accepted for registration)

Registration Fee: \$270.00 (all sessions are 90 minutes)
(slight price increase reflects a 10% increase in rental fees, group insurance, and additional required CoVid-19 protocol)

* Times/days/ dates may vary pending of gym availability
** Tentative plan/outline:
Fridays: 5:00pm U14& U17 , **6:30pm** (U10/U12 group 1)
Saturday: 9:00am (U9), **10:30am** (U10/12 group 2)

(Each session roster size must be capped based on age category. Enrollment is limited)