

# 2024-25 Performance Soccer Academy - Fall-Winter Futsal Program



*Continued partnership: PSA to facilitate Hanover Soccer Club's district skills center*

## **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 2024-25 Performance Soccer Academy and/or the Eastman Youth Futsal Program.
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 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.
7. 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

## Registration Form – Player info. 2024-25

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 Oct 20th  
**Performance Soccer Academy: 9 Rams Gate - Steinbach, MB - R5G 0X4**  
or

b) Phone/Email make alternate arrangements.  
**Phone: 204-346-2932 Email: [performance-soccer@outlook.com](mailto:performance-soccer@outlook.com)**

**\*Note:** Paying by cheque, make payable to: **“PERFORMANCE SOCCER ACADEMY”**  
(Cash, Cheques or Etransfer will be accepted for registration)

**Registration Fee: \$290.00** (Price increase reflects GST, which must be charged in the program 275.50 + 14.50 gst)

(Program goal 18-20 sessions throughout the year x 1.5hr = 27-30 hrs of activity)

\*Times/days/ dates may change pending gym availability and registrations.

\*\*Tentative Plan for age groupings and times below. Your Child will be placed in ONE of the sessions listed. Preference can be indicated, we will try to accommodate.

- Friday 4:30- 6:00 pm** (U14/ U17)Elite/Devel.
- Friday 6:00 - 7:30 pm** (U9) Prem/Devel GrpA
- Friday 7:30 - 9:00 pm** (U11/13) Prem/Devel GrpA
- Saturday 9:00 - 10:30 am** (U11/U13) Devel. GrpB
- Saturday 10:30 - 12:00 pm** (U9) Devel. GrpB
- Saturday 12:00 - 1:15 pm** \*(U7) Act.Start/Fund.

Note: - Limited Enrollment. Roster sizes to be capped and based on age category / facility guidelines.  
- Additional or alternate sessions may be opened to accommodate interest

