



**South Huron Minor Soccer Association
REGISTRATION FORM
2022 Outdoor Soccer Registration**

(Complete separate forms for each child you are registering)

First Name

Last Name

Male Female **JERSEY SIZE (circle): YS/ YM/ YL/ AS/ AM/ AL**

DATE OF BIRTH (MONTH/DAY/YEAR): _____ / _____ / _____

PARENTS/GUARDIAN NAMES: _____

Mailing address (include 911#) Town Postal Code

EMAIL ADDRESS #1 _____

EMAIL ADDRESS #2 (optional): _____

PRIMARY CONTACT PHONE # _____

CELL PHONE NUMBER _____

Best Number to be reached at: ___ Home ___ Cell

HEALTH CONCERNS (e.g. allergies, asthma) _____

REGISTRATION ENDS MARCH 22, 2021

Team Designation	Fees and Deposits (separate cheque payments required – payable to SHMS)
Male and Female Players born: <input type="checkbox"/> U5 (2017, 2018, 2019)	1. \$55 – Registration Fee (dated Apr 1, 2022) 2. \$100 – Volunteer Cheque (dated Sep. 1, 2022) 3. \$30 – AGM Cheque (dated Sep. 1, 2022) Note: 1 Volunteer cheque per child
Male and Female Players born: <input type="checkbox"/> U7 (2015 and 2016)	1. \$95 – Registration Fee (dated Apr 1, 2022) 2. \$100 – Volunteer Cheque (dated Sep. 1, 2022) 3. \$30 – AGM Cheque (dated Sep. 1, 2022) 4. \$50 – Uniform Deposit Chq (dated Sep 1, 2022) Note: 1 Volunteer cheque per child
Male and Female Players born: <input type="checkbox"/> U9 (2013 and 2014) <input type="checkbox"/> U11 (2011 and 2012) <input type="checkbox"/> U13 (2009 and 2010) <input type="checkbox"/> U15 (2007 and 2008) <input type="checkbox"/> U18 (2004, 2005, and 2006)	1. \$110 – Registration Fee (dated Apr 1, 2022) 2. \$100 – Volunteer Cheque (dated Sep. 1, 2022) 3. \$30 – AGM Cheque (dated Sep. 1, 2022) 4. \$50 – Uniform Deposit Chq (dated Sep 1, 2022) Note: 1 Volunteer cheque per child

All cheques are required per child. AGM is 1 cheque per family

Please note the name of player(s) on all cheques

Registrations will be accepted at registration events

Registration Agreement

All players registering with the South Huron Recreational Soccer Club agree to play for this club for the duration of 2022 outdoor soccer season, unless their transfer is agreed upon by the Club Executive. All players agree to abide by the F.I.F.A. laws of the game, and all other rules and regulations set out by the South Huron Recreational Soccer Club and all leagues and soccer associations with which it is affiliated.

I/WE give permission to the player named above to take part in the 2022 outdoor soccer program of the South Huron Recreational Soccer Club.

I/WE understand that there are inherent risks in soccer, as in all sporting activities, and I/WE give this permission knowing that every reasonable precaution will be taken to provide a safe and enjoyable environment.

I/WE agree to hold harmless South Huron Recreational Soccer Club from all liabilities and injuries that may be sustained by the above named player.

All families are responsible for the Annual General Meeting attendance deposit fee in the form of a \$30 post dated cheque. **The AGM will be held on Monday, September 19, 2022 at 7:30p.m. at the South Huron Recreation Centre.** Cheques will be returned to parents who attend the AGM.

Volunteer Participation Program (VPP) is also mandatory in the form of 2 hours of volunteer time per child, coaching or a board position. A \$100 deposit post-dated cheque will be required, per child registered.

LATE REGISTRATIONS

No late registrations will be accepted. Registrations must be submitted at registration events.

Registrations will be closed March 25th, 2022.

A \$7 FEE WILL BE CHARGED FOR NSF CHEQUES.

All outstanding fees from previous seasons must be paid prior to registration for the current season

South Huron Minor Soccer Website: southhuronsoccer.com

Facebook Page: South Huron Recreational Soccer Club

E-mail: shsoccer@outlook.com

Please Note: NO SPECIAL REQUESTS IN REGARDS TO PLACEMENT ON TEAMS WILL BE GRANTED.

Parent Signature: _____ Dated: _____

South Huron Minor Soccer Association

Concussion Code of Conduct for Athletes and Parents/Guardians



I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).*

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.* (*Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion.*)
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered.* (*Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.*)

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process.*
(I will have to follow my sport organization's Return-to-Sport Protocol.)
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.	
Athlete:	
Parent/Guardian: <i>(of athletes who are under 18 years of age)</i>	
Date:	