



RICHMOND HILL SOCCER CLUB

Clubhouse Address: 1370 Elgin Mills Rd. East, Richmond Hill, ON, L4S 1M5

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Referee Application Form

Name: _____ Cell Phone #: _____

Address: _____

Email: _____ Date of Birth: _____

YYYY / MM / DD

Social Insurance Number: _____

Please indicate when you completed your referee certification and which club you are associated with:

Entry Level Date taken: _____ Club: _____

Small Sided Date taken: _____ Club: _____

Referee Level: _____ (leave blank if you are not sure)

Ontario Soccer # _____ (leave blank if you are not sure)

Please mark what days and times are you available to referee for the Outdoor 2018 season?

(Please be accurate as this information will be used to assign your weekly games)

Mon. 6:30 8:30 Tues. 6:30 8:30 Wed. 6:30 8:30 Thurs. 6:30 8:30 Fri. 6:30 8:30 Sat. am Sun. am Sun. pm

List fields that are close to your residence:

Applications will not be accepted until you have registered with Ontario Soccer for the 2018 season at refcentre.com and have applied for the 2018 outdoor season in PowerUp.

I understand that I will receive a Form T4A from the Club reporting my income to the CRA and that I must report it on my personal tax return.

Signature: _____ Date: _____

Please sign reverse form as well.

**ONTARIO SOCCER
PARTICIPANT'S AGREEMENT**

Name of Participant: _____ Age (If under 18): _____

ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS

I participate in the game of soccer because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to this activity. The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dryland training including weights, running and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes
- Injuries from collisions with walls and soccer equipment
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment
- Spinal cord injuries which may render me permanently paralyzed
- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts
- Injuries from exerting and stretching various muscle groups; and
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in soccer can be severe;
- That I may experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Ontario Soccer, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and representative.

INSURANCE

Executing this agreement may not preclude you from insurance coverage.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Signature of Parent/Guardian (If under 18)

Signature of Participant (If over the age of 13)

Date