

Soccer Academy Alliance Canada

Guest Participation Waiver Form



Participant Information			
Last Name	First Name	Sex	DOB (ymd)
Street Address	City	Province	Postal Code
Home Phone Number	Alt. Phone Number	Email Address	

By signing this application form, I certify the following:

I, as registrant, or in the case of a minor, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of Soccer Academy Alliance Canada (SAAC), its member academies and affiliates. Recognizing the possibility of physical injury associated with soccer and in consideration for the individual organization accepting the registrant for its programs and activities, I hereby release, discharge, and/or indemnify SAAC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I understand that any personal information collected on SAAC forms is collected and intended to be used to enable Soccer Academy Alliance Canada to deliver its programs to its members. SAAC is a non-profit organization. My personal information will be kept secure and will not be shared with anyone other than those individuals charged with administering the SAAC programs or in cases where disclosure is required to participate in a SAAC sanctioned event. If SAAC wishes to share any of my personal information with a third party for any reason, my prior consent will be sought. (If you require further information, write to privacy@academysoccer.ca)

As the Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care provided by an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I give my full permission to SAAC to use my (and that of the registrant) name, likeness, photographs, videotapes or other recordings of me (and the registrant) that are made during my participation in SAAC events, for promotional purposes. (You may request an exclusion by sending an email to privacy@academysoccer.ca quoting the player name and reason for exclusion.)

Name of Participant (Please Print):	Involvement (i.e. Official, Volunteer, player)
Signature (if participant is under 18, form must be completed and signed by legal parent or guardian)	Date