



Pro-Tips Sports Indoor Soccer League  
 148 Fullarton St. Suite 804 London, ON. N6A 5P3  
 E-mail: [andy.forcey@pro-tips.com](mailto:andy.forcey@pro-tips.com) [www.pro-tips.com](http://www.pro-tips.com)

**Coach or Manager INFORMATION**

Full Name\*: \_\_\_\_\_  
 Address\*: \_\_\_\_\_  
 Home Phone \*: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-mail Address\*: \_\_\_\_\_

PTS primarily uses e-mail to stay in touch with players. Please print your e-mail address clearly  
 \* Required Fields For All Players

**TEAM DETAILS**

Team Name: \_\_\_\_\_ Uniform Colour : \_\_\_\_\_  
 Boys Divisions : U9,10  : U11,12  : U13,14  : U15,16   
 Girls Divisions : U9,10  : U11,12  : U13,14  : U15,16

**Roster**

- 1. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 5. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 6. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 7. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 8. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 9. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 10. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 11. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 12. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 13. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 14. Name: \_\_\_\_\_ Age: \_\_\_\_\_
- 15. Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Fees & Payment**  
**\$1900.00 (GST Incl.)**

TOTAL PAID : \$ \_\_\_\_\_ CASH / CHEQUE / ONLINE ([www.pro-tips.com](http://www.pro-tips.com))  
 OFFICE USE : Cheque No: \_\_\_\_\_ Deposit Date: \_\_\_\_\_  
 Mail To: Pro-Tips Sports Corp. 148 Fullarton St. Suite 804 London, ON. N6A 5P3

**All Players Must Read and Sign Below:**

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 soccer. The risks and hazards of soccer 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 resulting from falls to the ground due to uneven or irregular terrain or surfaces;
- 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 come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

**Release of Liability**

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

**Acknowledgement**

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant