



Fédération de soccer du Québec

Bordereau d'affiliation des membres Member affiliation form

PTS

Nom:
Name:

No de membre:
Member number:

Prénom:
First Name:

Année d'affiliation: **2021**
Affiliation year:

Adresse:
Address:

Sexe: **M** **F**
Sex:

Ville:
City:

Date de naissance:
Date of birth:

Code postal:
Postal code:

Classe:
Class: **A**

Téléphone:
Telephone:

Catégorie:
Category:

Téléphone #2:
2nd Telephone:

Région: **LAC ST-LOUIS**
Region:

Courriel (oblig):
E-mail (mand):

Club: **WESTMOUNT**

Statut:	Citoyen canadien Canadian citizen	Résident permanent Permanent resident	Dem. statut réfugié Req. refugee status	Avez-vous déjà joué à l'ext. du Canada? Have you ever played outside of Canada?	OUI YES	NON NO
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Joueur: Player:	X	Niver: Winter:	Entraîneur: Coach:	Moniteur: Monitor:	Arbitre: Referee:
Équipe actuelle: Curent team:		Club:	PNCE CC#: NCCP CC#:		Niveau: Level:
Club précédent: Previous club:		Classe: Class:	Année filtration policière Police screening year		Date du dernier cours: Date of last course:
			Niveau technique: Technical:		
			Niveau théorique: Theory:		

En signant cette demande d'inscription, vous devenez éligible à participer aux activités sanctionnées par la Fédération de soccer du Québec et/ou l'Association régionale de soccer (ARS) et vous vous engagez à respecter la réglementation en vigueur. Le membre atteste que toutes les informations sur ledit document sont exactes. En signant ce bordereau, j'accepte de recevoir des informations pertinentes provenant de la Fédération de soccer du Québec.

By signing this application, you become eligible to take part in the activities sanctioned by the Fédération de soccer du Québec and/or Regional Soccer Association and you commit yourself to respect the regulations in effect. Notice : In the event of any inconsistency, the French version will prevail. The member certifies that the information on this document is accurate. By signing this form, I agree to receive relevant information from the Quebec Soccer Federation.

Signature: _____

Date: _____

Pour les membres de moins de 14 ans, la signature d'un tuteur est obligatoire
If the member is under 14 years of age, a parent or legal guardian must sign this application form

Seuls les employés de la fédération, les dirigeants, leurs représentants et mandataires auront accès aux renseignements contenus dans ce bordereau.
Only the employees of the Federation, the administrators, their representatives and agents will have access to the information contained in this form.

PLAYER/PARENT UNDERSTANDS AND CONSENTS :

- 1) THEY ARE RESPONSIBLE FOR PAYING ANY FINES IMPOSED BY THE LEAGUE ON THE PLAYER. FINES MAY BE IMPOSED FOR RED CARDS OR OTHER SERIOUS DISCIPLINARY ACTION.
- 2) PLAYER PHOTOS MAY BE USED BY CLUB FOR NON-COMMERCIAL PURPOSES ON WEBSITE AND SOCIAL MEDIA
- 3) CONFIRMS THAT HAS READ CLUB CODE OF CONDUCT <https://westmountsoccer.org/code-of-conduct/> CONTAINING THE PROCESS TO REPORT IMPROPER CONDUCT AND THE CONTACT PERSON FOR THE POLICY FOR THE PROTECTION OF CHILDREN

RÉSERVÉ A L'ARS - RESERVED FOR RSA

Signature du registraire:
Registrar's signature:

Sceau
ARS
Seal

Date d'affiliation:
Date of registration:



Westmount Soccer Club

Player Name: _____

Team: _____

Medical Questionnaire and Recognition of Risk

No Yes

In the last 12 months:

- 1. Is there a history of cardiac illness in your family?
- 2. Have you become diabetic?
- 3. Have you had an asthma episode?
- 4. If you stopped sport for 30 days or more because of health, did you return without a doctor approval?
- 5. Have you followed any long term medical treatment?

At the moment

- 6. Are your sports suspended for medical treatment?
- 7. Do you think you need a medical opinion to practice sport?

If you answered YES to any of these questions, you will need to provide a medical authorization before participation if your condition is not already followed by a doctor.

ACKNOWLEDGMENT OF RISK COVID-19

The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is known to spread mainly by contact from person to person. Consequently, local, provincial and federal governmental authorities recommend various measures and prohibit a variety of behaviors, in order to reduce the spread of the virus.

- a) Soccer Quebec and its members, which Westmount Soccer Club is part of, commit themselves to comply with the requirements and recommendations of Quebec' Public health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, Soccer Quebec and Westmount Soccer Club cannot guarantee that you (or your child, if participant is a minor/ or the person you are the tutor or legal guardian of) will not become infected with COVID-19. Further, attending the Activities could increase your risk of contracting COVID-19, despite all preventative measures put in place.

By signing this document,

- 1) I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) could be exposed or infected by COVID-19 by participating in Westmount Soccer Club's activities. Being exposed or infected by COVID-19 may particularly lead to injuries, diseases or other illnesses.
- 2) I declare that I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) am participating voluntarily in Westmount Soccer Club's activities.
- 3) I declare that neither I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) nor anyone in my household, have experienced cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing).
- 4) If I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) experience, or if anyone in my household experiences any cold or flu-like symptoms after submitting this declaration, I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) will not attend any of Westmount Soccer Club's activities, programs or services until at least 14 days have passed since those symptoms were last experienced.
- 5) I have not (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of), nor has any member of my household, travelled to or had a lay-over in any country outside Canada in the past 14 days. If I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) travel, or if anyone in my household travels, outside Canada after submitting this declaration, I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) will not attend any of Westmount Soccer Club's activities, programs or services until at least 14 days have passed since the date of return.

This document will remain in effect until Westmount Soccer Club's , per the direction of the provincial government and provincial health officials, determines that the acknowledgments in this declaration are no longer required.

I HAVE SIGNED THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE.

----- Name of parent/tutor/ legal guardian (print)
(if participant is minor or cannot legally
give consent)

----- Signature of participant or parent/tutor/legal guardian

Place / Date: _____