



SCREENING DISCLOSURE FORM AND PRIVACY STATEMENT

NAME: \_\_\_\_\_  
First Middle Last

OTHER NAMES YOU HAVE USED: \_\_\_\_\_

CURRENT PERMANENT ADDRESS:

\_\_\_\_\_  
Street City Province Postal

DATE OF BIRTH: \_\_\_\_\_ GENDER \_\_\_\_\_  
Month/Day/Year

ORGANIZATION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Note: Failure to disclose a conviction/sanction for which a pardon has not been granted may be considered an intentional omission and subject to failure of screening requirements as required by the Organization's Screening Policy.

1. Have you ever been convicted of a crime for which a pardon has not been granted?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below for each conviction:

Name or Type of Offense: \_\_\_\_\_

Name and Jurisdiction of Court/Tribunal: \_\_\_\_\_

Year Convicted: \_\_\_\_\_

Penalty or Punishment Imposed: \_\_\_\_\_

Further Explanation: \_\_\_\_\_

2. Are criminal charges or any other sanctions, including those from a sport body, private tribunal or government agency, currently pending or threatened against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain for each pending charge:

Name or Type of Offense: \_\_\_\_\_

Name and Jurisdiction of Court/Tribunal: \_\_\_\_\_

Further Explanation: \_\_\_\_\_

3. Has any civil court made a finding, judgment or ruling against you, or have you entered into an out of court settlement relevant to the profession of coaching, the sport of soccer or any other sport?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe each finding, judgment or ruling below:

Civil Court Finding: \_\_\_\_\_ Out of Court Settlement: \_\_\_\_\_ Type Finding: \_\_\_\_\_



Year of Offense or Settlement: \_\_\_\_\_

Penalty or Punishment Imposed: \_\_\_\_\_

Further Explanation: \_\_\_\_\_

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**4. Have you ever been the subject of a decision of a court or tribunal that might reflect adversely on the profession of coaching, the sport of soccer, or any other sport?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below:

Type of Offense: \_\_\_\_\_

Year of Decision: \_\_\_\_\_

Penalty or Punishment Imposed: \_\_\_\_\_

Further Explanation: \_\_\_\_\_

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**5. Have you ever been dismissed from a position due to allegations of ethical or moral misconduct?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below:

Name of applicable Organization: \_\_\_\_\_

Date of Dismissal: \_\_\_\_\_

Reason for Dismissal: \_\_\_\_\_

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**6. Have you ever been disciplined or sanctioned by an international sport tribunal, by a National sport governing body outside Canada, by a National Sport Organization within Canada, or by any other any other sport organization/Organization/Organization?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below:

Name of applicable Organization: \_\_\_\_\_

Date of Discipline or Sanction: \_\_\_\_\_

Reason for Discipline or Sanction: \_\_\_\_\_

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For more than one conviction please attach additional page(s) as necessary.



**Certification**

I hereby certify that the information contained in this application is accurate, correct, truthful and complete. I further certify that I will immediately inform the Organization of any changes in circumstances that would alter my original responses to this Screening Disclosure Form. Failure to do so may result in termination of membership and/or further discipline.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX C - PRIVACY STATEMENT**

By completing and submitting this Screening Disclosure Form, you consent and authorize the Organization to collect, use and disclose your personal information, including all information provided on the Screening Disclosure Form, Police Record Check and/or Vulnerable Sector Check for the purposes of screening, implementation of the Organization's Screening Policy, administering membership services and communicating with other National Sport Organizations, Provincial Sport Organizations, Sport Organizations, and other organizations involved in the governance of the sport of soccer. The Organization does not distribute personal information for commercial purposes.



## Scugog Soccer Association Coach Application Form

Year: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Coaching Position:

\_\_\_\_ Head Coach    \_\_\_\_ Assistant Coach    \_\_\_\_ Manager

Preferred Age Division:

\_\_\_\_ Timbits (U4-U6)    \_\_\_\_ U8/U10    \_\_\_\_ NDSI (U11+)

Do you currently have children playing for Scugog Soccer Association? YES    NO

If yes, please provide their names and dates of birth.

\_\_\_\_\_

Certifications:

Please list any coaching certifications you have completed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a First Aid/CPR Certification? YES    NO

Have you received AED Training? YES    NO

Please list your previous coaching experience

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

YEAR

CLUB

AGE DIVISION

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

YEAR

CLUB

AGE DIVISION



\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

YEAR

CLUB

AGE DIVISION

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

YEAR

CLUB

AGE DIVISION

**Consent for Use of Personal Information**

I authorize the Canadian Soccer Association, Ontario Soccer Association, Durham Region Soccer Association and Scugog Soccer Association to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, Durham Region Soccer Association and Scugog Soccer Association. I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at:

[OSAprivacyofficer@soccer.on.ca](mailto:OSAprivacyofficer@soccer.on.ca) or by mail to ATTENTION: OSA Privacy Officer, Ontario Soccer Association 7601 Martin Grove Road, Vaughn ON L4L 9E4. The Privacy Officer will advise the implications of such withdrawl

\*We do not sell or distribute your personal information to any other third party not listed herein\*

**Acceptance of Terms & Conditions**

In consideration of the acceptance of my membership in the Ontario Soccer Association, District Association and Scugog Soccer Association, I, the participant, agree as follows.

1. I understand that I cannot coach in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in the Ontario Soccer Association's computerized registration system.
2. I agree to comply with the volunteer screening process invoked by the Scugog Soccer Association.
3. I have reviewed the waiver attached and my signature affixed hereto indicates my agreement with such waiver.
4. I am aware of the Ontario Soccer Association, Durham Region Soccer Association, Scugog Soccer Association and League bylaws, policies, role descriptions, rules and regulations and agree to abide by them and to be bound by them.
5. I am aware that I may be contacted for interviews and be required to attend orientation meeting/practices prior to assuming duties.
6. I accept sole responsibility for my personal possessions and athletic equipment.
7. I accept liability for any damage to the coaching equipment caused by me careless, negligent, and/or improper handling.

By signing and dating below you agree that you are the volunteer being registered and to be bound by this Legal Agreement even if you have not read the agreement in its entirety.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date



## Waiver and Release of Liability

(To be signed by Participants 18 years of age and older)

By signing this form you give up important legal rights, please read carefully!

1. This is a binding legal agreement. As a Participant in the programs, activities and events of the Ontario Soccer Association, their Districts, Leagues and Clubs, the undersigned acknowledges and agrees to the following terms.

### Disclaimer

2. The Ontario Soccer Association, their Districts, Leagues and Clubs, directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives (the 'Organizations') are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result, of any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

### Description of Risks

3. In consideration of my participation as a Participant in such programs, activities and events. I hereby acknowledge that I am aware of the risks and hazards association with or related to soccer. The risks of hazards of soccer include, but are not limited to injuries from:
  - Executing strenuous and demanding physical techniques in soccer;
  - Dryland training including weights, running and massage;
  - Grass, turf and other surfaces including bacterial infections and rashes;
  - Falls to the ground due to uneven or irregular terrain or surfaces;
  - Collisions with walls and soccer equipment;
  - 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;
  - Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
  - Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
  - Vigorous physical exertion and strenuous cardiovascular workouts;
  - 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.
  
4. 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

5. In consideration of the Organization allowing me to participate as a Participant, I agree:
  - To assume all risks arising out of, associated with or related to my participation;
  - To be solely responsible for any injury, loss or damage that I might sustain while participating; and
  - 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 that may have been caused by the negligence of the Organization.



**Accident Insurance**

Executing the agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Ontario Soccer Association's insurance policy.

**Acknowledgement**

By signing and dating below you agree that you are the participant being registered and to be bound by the Legal Agreement even if you have not read this agreement in it entirety.

\_\_\_\_\_  
Participation Name

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

\_\_\_\_\_  
Date