



Registration / Privacy Form



Players Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Email:** _____

Waiver:

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and to hold harmless ontariotacklefootball.com, the Ontario Varsity Football League, teams, members, representatives and agents of the foresaid organizations for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Football activities and not withstanding that the same may have been contributed to or occasioned by the negligence of ontariotacklefootball.com and it's membership representatives or agents.

Players Signature : _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

(or Guardian if player under 18 yrs of age)

Privacy:

The Privacy Act protects Canadians from the misuse of information. The Ontario Varsity Football League is aware of these rights therefore abides by the following policy; The Ontario Varsity Football League (OVFL) recognizes a member's right under the Privacy Act. The collection of personal information is limited to the minimum details needed to operate programs and activities. This information shall include name, address and birth date. Address is required to establish to which team a member must participate with. His age categorizes in which age division he must play. The OVFL shall retain these records as long as the participant remains a member of the organization. Records shall be destroyed once his membership ceases. The OVFL retains statistics and photographs on its website for its members on (www.ovfootball.ca) for the purpose of communicating to prospective universities and recruiters the player's ability for the sole purpose to provide avenues for its players to participate in university and college programs through football. Every player has the right to waive this service upon registering with the OVFL. The OVFL and its member teams/associations retain medical information critical to the wellness of the member in order to provide critical information to medical person(s) in case of an emergency or injury. This can include but is not limited to, OHIP number, list of allergies, injury records and required contact names in cases of an emergency. Members may refuse to provide the foresaid information and can request that such information be destroyed at any time. The OVFL shall not disclose personal information without the written consent of the player unless specifically allowed by the Privacy Act or another law.

I agree with the aforementioned privacy and waiver policy. I allow the Ontario Varsity Football League to use my personal information under these conditions. In addition, I am fully aware that there is a risk of injury involved in participating in this type of activity.

Players Signature : _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

(or Guardian if player under 18 yrs of age)

Exceptions if any: