



Provincial Team Application And Contract

2016-2017

Submit application to:

**Executive Director
Manitoba Fencing Association Office
Sport Manitoba Building
308-145 Pacific Avenue
Winnipeg, MB R3B 2Z6**

Deadline:

August 30, 2016

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Introduction

Program Objectives

The objective of the MFA is to provide athletes with the resources necessary to develop skills and to allow them to challenge their personal goals. To achieve this, the MFA is committed to providing the following: a provincial training centre, a provincial coach, financial support, and administrative support through MFA programs. In return, the athletes are expected to abide by the criteria outlined in the Athlete Handbook and endeavour to meet their personal goals as agreed to in the Athlete Contract.

Provincial Team Program Overview

Level 1

Provincial Novice Program- Fencers under 12 years old who want to eventually be on the Provincial Squad.

- ✓ Once a month training with the Provincial Team
- ✓ Work with Squad members on tasks provided by the Provincial Coach
- ✓ No Volunteer hours required
- ✓ Not eligible for Strength Training Program
- ✓ Attend Provincial Training Camps by invitation from the Provincial Coach
- ✓ Administrative Support

Level 2

Squad Member - The Provincial Squad Program will give athletes experience through introduction to a training and competition program.

- ✓ Training with the Provincial Coach
- ✓ Provincial Training Centre
- ✓ Administrative Support
- ✓ Provincial Training Camps
- ✓ Strength and conditioning and other opportunities
- ✓ Coaching travel support for contractual events and regular training
- ✓ Access to assistant coaches, when funding available

Level 3

Intermediate Member

- ✓ Receive Provincial Team Competition Travel Funding (based on results funding formula)
- ✓ Access to Manitoba Lotteries Fundraising

Level 4

High Performance

- ✓ All of the above

Level 5

National Team Member

- ✓ All of the above

Provincial Team Program Fees

- **Novice \$100.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - No Volunteer Bond needed
- **Squad \$525.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - \$50.00 Volunteer Bond (submitted with Athlete Contract - Cheque Dated for May 31, 2017)
- **Intermediate \$325.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - \$100.00 Volunteer Bond (submitted with Athlete Contract - Cheque Dated for May 31, 2017)
- **High Performance \$225.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - \$150.00 Volunteer Bond (submitted with Athlete Contract - Cheque Dated for May 31, 2017)
- **National Team Members \$0**
 - \$150.00 Volunteer Bond (submitted with Athlete Contract - Cheque Dated for May 31, 2017)
- **Out of Province Members (Int., H. P., or N. T.) \$525.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - \$100.00 Volunteer Bond (submitted with Athlete Contract - Cheque Dated for May 31, 2017)

Provincial Team Program Payment Options

Complete year payment due September 30, 2016. Payment scheduling may be negotiated, if needed, by contacting the Executive Director (fencing@sportmanitoba.ca)

Provincial Team Volunteer Bond Payment

Volunteer Bond dated for May 31, 2017 due September 30, 2016

NOTES:

- Please make all cheques payable to the Manitoba Fencing Association.
- Failure to submit payment more than 30 days after joining the Provincial Team will result in suspension from the team until payment is received.

A Parent's Guide to completing the Athlete Contract

- Review the Athlete Handbook (available online www.fencing.mb.ca/)
- Register with the CFF and MFA online at www.fencing.mb.ca
- Arrange for medical release form
- Complete the Photo Release form (optional)
- Complete the Travel Waiver
- Complete and sign application form
- Send a cheque to the MFA for fees
- Send a cheque for volunteer bond
- Consult with the Provincial Coach, Assistant Coach, or VP Athlete Development to plan volunteer activities for the season
- Submit completed Application and Contract and Payment to:

Executive Director

Manitoba Fencing Association Office

Sport Manitoba Building

308-145 Pacific Avenue

Winnipeg, MB R3B 2Z6

PROGRAM APPLICATION and CONTRACT

Manitoba Fencing Association

2016 – 2017



This Agreement is between:

The Manitoba Fencing Association, herein referred to as the MFA

AND Athlete's Name: _____ of the _____ Fencing Club, herein referred to as the Athlete

When complete and signed by both parties, this document shall form a contract between the MFA and the Athlete.

Program applied for: (check one) Novice^P Squad^P Intermediate^P
High Performance^P National Team^P

Category: (check all applicable) FW^P FM^P EW^P EM^P SW^P SM^P

In applying for a position in the MFA Athlete Programs, I acknowledge and agree to the following:

- I am a full competitive member of the Manitoba Fencing Association for the 2016-2017 fencing season and registered with the CFF.
- I have read and agree to abide by the terms set out in the Athlete Programs Handbook for 2016-2017.
- Competition selection will be in discussion with the Provincial Coach and be documented in this Contract. If I am accepted into an athlete program, I understand that I, or my parents, must agree to the terms of the program contract and sign the contract prior to my participation in the program.
- I accept that the Manitoba Fencing Association may accept me into an athlete program other than the program to which I applied. I am not obliged to accept a position in an alternative program.
- All final selections for Athlete Program membership rest with the Provincial Coach of the Manitoba Fencing Association.
- No training will be provided to the athlete under these programs until the MFA is in receipt of a signed Medical Information Form. The athlete shall undergo a full medical examination by a registered medical physician and provide to the Manitoba Fencing Association a certificate testifying to his/her fitness to participate in the programs.
- In consideration for acceptance into an MFA Athlete Program, I submit the following information for the previous two years, which I deem to be true.

A) Significant Local Tournament Results (2015-2016)

Competition	Age Category/Weapon	Your Final Rank	Number of Entries
MFA #1			
MFA #2			
MFA #3			
Golden Boy			

B) Westerns and Canada Cup Results (2015-2016)

Competition	Age Category/Weapon	Your Final Rank	Number of Entries
Canada Cup #1			
Canada Cup #2			
Westerns			
Nationals			

C) NAC or International Results (2015-2016)

Competition	Age Category/Weapon	Your Final Rank	Number of Entries

C) Designated Competitions (2015-2016)

Competition	Age Category/Weapon	Your Final Rank	Number of Entries

D) Final National and Elite Rankings for the previous season

Age Category	Weapon	National Ranking	International Ranking

Club Coach Name _____ email _____

Developmental Areas for Athlete

1	
2	
3	
4	
5	

I acknowledge that it is my responsibility to acquire an FIE license if it is required to compete in designated competitions.

I acknowledge that the MFA may change program criteria from time-to-time, and that such changes will be made available through emails and the Manitoba Fencing Association website.

A) The MFA and the Athlete agree to the following performance goals for the season:

1.	
2.	
3.	
4.	

Registration Information:

Athlete's Name: _____ **D.O.B.:** _____

Address: _____ **Phone:** _____

Primary Contact email: _____ (if under 18, Guardian's email required)

Additional emails to which you wish information and updates to be sent:

Emergency Contacts:

Name:	Name:
Relationship:	Relationship:
Emergency Phone:	Emergency Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

Manitoba Health: _____ PHIN: _____

Signature: _____ Date: _____ Phone # _____

(Parent of Guardian, if under 18)



MANITOBA FENCING ASSOCIATION'S PHOTO/MEDIA RELEASE FORM

I hereby consent to and authorize the use and reproduction, in print or electronic format by Manitoba Fencing Association or anyone authorized by the Manitoba Fencing Association, of any and all photographs/videos which have been taken during the Provincial Team training session, for any publicity and educational purpose, without compensation. All images, electronic, negatives and positives, together with the prints, are owned by the Manitoba Fencing Association.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

(Signature)

(Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent's/Guardian's Signature)

(Date)

(Parent's/Guardian's Printed Name)



Manitoba Fencing Association

Medical Release of Information Form

Participation in the sport of fencing as a high-performance or developing high-performance athlete requires that an individual be free from injury, and have no medical condition that could lead to injury or damage to personal health through the upcoming year. Athletes should not be taking medications restricted or prohibited in the guide from the Canadian Centre for Ethics and Sport unknowingly.

I _____ understand that when completed the medical (athlete, parent or guardian) information shall be treated in confidence. I also consent to the MFA contacting the physician identified below, should there be need for clarification on information provided that this relates to the ability of the athlete to participate in training or competition. When completed, I understand that this information is confidential, but can be shared with MFA staff when working with, or travelling with the athlete.

Signed: _____ Dated: _____

Medical Information Form

I _____ am a registered medical practitioner (Physician's name) in the Province of Manitoba, Canada. I certify that I have examined _____ on the date noted above. (Athlete's name)

I understand that the physical demands of the sport of fencing place an emphasis on the anaerobic respiratory system, requiring an excellent aerobic capacity; that there are high velocity movements of the legs causing impact stresses on the feet, ankles and leg joints; that the stance places stress on the lower back and that this athlete has no pre-existing condition that could lead to personal injury from the anticipated training regime.

I understand that the athlete is required to comply with the drug-free requirements as determined by the Canadian Centre for Ethics and Sport.

If the athlete is taking medications for a condition that may cause a positive test result upon testing, please list the medication and the reason for use. This information will be passed on to the Canadian Centre for Ethics and Sport:

The athlete has the following allergies or medical conditions that sport staff should be aware of that may require treatment or specific actions, should they arise:

Condition: _____ Treatment: _____

Condition: _____ Treatment: _____

Condition: _____ Treatment: _____

I can contact sport staff through the Manitoba Fencing Association at (204) 925-5696, if I require any further information to ensure that my examination is directed and relevant to the sport of fencing.

I understand that the athlete is responsible for any fees that may be charged for the examination and certification.

I declare the athlete to the best of my knowledge to be free from injury or other pre-existing medical conditions that could lead to injury or damage to their personal health through participation in the sport of fencing. This athlete is not, to my knowledge, contravening the drug-free regulations.

Signed: _____ Date: _____

Printed Name: _____



MANITOBA FENCING ASSOCIATION
Informed Consent, Release and Indemnity
Athletes (under 18 years of age)

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

IN CONSIDERATION of the Manitoba Fencing Association allowing

_____ [*full name of athlete*] (the “Athlete”) to travel to various locations [*location of event*] as a member of the Manitoba Golden Blades for the purposes of competition and/or training, as well as additional activities offered, including transport to and from the Event (the “Competition”), I, as parent or legal guardian of the Athlete, hereby agree as follows:

1. I hereby consent to the Athlete participating in the Event during the period from _____ [*date leaving*] to _____ [*date returning*] notwithstanding the potential risks set out below.

2. I acknowledge and agree that there are potential risks associated with the Competition, including physical injury, sickness or death, or damage to property as a result of my participation in the Competition. Associated risks include but not limited to the following activities:
 - Air travel by commercial airlines;
 - Travel by multi-passenger vehicle (i.e., van, bus);
 - Bodily injury and personal safety risks;
 - Water-related risks such as drowning;
 - Miscellaneous risks that would result from the Event which might not be foreseeable;
 - Food-related risks such as reactions, illnesses or infections arising from the consumption of food and water, choking and allergic reactions to food ingredients.

3. I acknowledge and agree that I am familiar with, and understand the Code of Conduct governing travel and Event with the Manitoba Golden Blades Team and I shall ensure that the Athlete understands the Code of Conduct and agrees to follow the Code of Conduct.
4. I, on my own behalf and on behalf of my heirs, executors, administrators and assigns RELEASE the Manitoba Fencing Association, its respective servants, agents or employees (collectively referred to as the "MFA") from any liabilities, claims or actions of any nature whatsoever arising from or related to any and all personal injury (including death), loss or damages to property howsoever arising, including personal injury, death, loss or damages to property resulting from the negligence of the MFA while the Athlete is attending at, participating in or travelling to or from the Competition. Such negligence of the MFA may include, without limitation, failure to implement adequate safety procedures or to provide adequate safety equipment.
5. I FURTHER AGREE TO INDEMNIFY the MFA, its servants, agents or employees from any damages which may result or any and all claims or demands which may be made against the MFA howsoever arising out of or in consequence of the Athlete's attendance at, participation in or travel to and from the Competition.
6. I give permission for care of minor injuries of the Athlete, and medical attention to the Athlete, if emergency contact or parent(s)/legal guardian cannot be contacted. I authorize over-the-counter medication (i.e., Tylenol, Advil) to be given to the Athlete if it is determined by the team manager, coach or chaperone as appropriate.
7. In the event that the Emergency Contacts are not immediately available, I authorize the team manager, team coach or chaperone to make healthcare decisions on the Athlete's behalf.
8. I further state that I am of lawful age and legally competent to sign this release, and that I am the parent or legal guardian of the Athlete.

In signing this Informed Consent, Release and Indemnity, I am not relying upon any oral or written representations or statements made by the MFA other than what is set forth in this Informed Consent, Release and Indemnity.

I HAVE READ AND UNDERSTOOD THIS INFORMED CONSENT, RELEASE AND INDEMNITY I AM AWARE THAT BY SIGNING THIS INFORMED CONSENT, RELEASE AND INDEMNITY I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE MFA.

-

Signature (parent or legal guardian)

Signature (parent or legal guardian)

Print Name

Print Name

Date

MEDICAL INFORMATION AND INSTRUCTIONS

Athlete's name: _____

1. I give permission for care of minor injuries of the Athlete, and medical attention to the Athlete, if emergency contact or parent(s)/legal guardian cannot be contacted. I authorize over-the-counter medication (i.e. Tylenol) to be given to the Athlete if it is determined by the coach/chaperone as appropriate.
2. In case of emergency the MFA should contact:

Contact person: _____	Telephone: _____
Email: _____	Other (cell phone): _____
Relationship to the participant: _____	
Alternate contact person: _____	Telephone: _____
Appropriate health card/medical number(s): _ - - - - - - -	
Family Doctor: (name, phone number): _____	

3. I acknowledge and agree that the MFA **will not** provide accidental death, disability, dismemberment or medical expense insurance on behalf of the Athlete and agree that we must ensure that the Athlete has appropriate medical insurance.

Medical insurance information:	Policy number: _____
Company: _____	

4. **Allergies** (medication, food, environmental):

<u>Allergy:</u>	<u>Reaction:</u>	<u>Treatment, if exposed:</u>

NOTE: If the Athlete has allergies please discuss with the team manager and/or coach prior to departure.

5. **Medications and Medical Conditions:** Please list any medicines the Athlete is taking on a daily, regular, or as needed basis, and indicate how often and why each medicine is taken:

Medical condition(s):

<u>Name of Medication:</u>	<u>How Often Taken:</u>	<u>For What Condition:</u>

NOTE: Athletes must bring an adequate supply of medications that are required on a daily or routine basis when travelling. If the Athlete has a medical condition which may be relevant to his/her participation in the Competition, please discuss it with the team manager/ coach prior to departure.

6. **Healthcare Directive:** For the duration of the Competition, including travel, in the event that the Emergency Contacts are not immediately available, I authorize the team manager, head coach or chaperone to make healthcare decisions on behalf of the Athlete.

Signature (parent or legal guardian)

Print Name _____

Date _____

=====

For Official Use Only

Received for the MFA by:

Date: _____

Application:

- Accepted
- Modified
- Rejected

Date:

Reasons for Decision Modified or Rejected (to be communicated to athlete):

This contract is entered into this _____ day of _____ in the year of 20__

For the MFA

For the Athlete

Daria Jorquera Palmer
(Name: MFA VP Athlete Development)

(Name: Athlete)

(Signature: MFA VP Athlete Development)

(Signature: Athlete)

Ayach Bounachada
(Name: MFA Provincial Coach)

(Name: Parent or Witness)

(Signature: MFA Provincial Coach)

(Signature: Parent or Witness)