



Provincial Team Application and Athlete Contract

2018-2019

Submit application to:

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

Deadline:

September 21st, 2018

Table of Contents

Introduction.....	3
Program Objectives	3
Provincial Team Program Overview	3
Level 1.....	3
Level 2.....	3
Level 3.....	4
Level 4.....	4
Level 5.....	4
Provincial Team Program Fees	Error! Bookmark not defined.
Provincial Team Program Payment Options.....	Error! Bookmark not defined.
Provincial Team Volunteer Bond Payment.....	Error! Bookmark not defined.
A Parent's Guide to completing the Athlete's Contract.....	6
PROGRAM APPLICATION and CONTRACT	7

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 Athletes' 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)

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 \$425.00**
 - 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, 2019)
- **Intermediate \$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, 2019)
- **High Performance \$525.00**
 - 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, 2019)
- **National Team Members: \$ 250**
 - \$150.00 Volunteer Bond (submitted with athlete contract- Cheque Dated for May 31, 2019)
- **Out of Province Members (Int., H. P., or N. T.) \$525.00**
 - no Volunteer Bond needed
- **Supplementary training session 125\$ (yearly, per added session)**
 - An athlete may choose to supplement their Team Program with additional weekly training sessions. The additional day(s) must be approved by the provincial coach, and must fall on appropriate training days for the athlete's weapon.

Note:

- barring exceptional circumstances, no refund will be provided for athletes leaving the program mid-season.
- Out of Province athletes are not required to complete volunteer hours, nor submit a Volunteer Bond.

A Parent's Guide to completing the Athlete's Contract

- Review the Athletes' Programs 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 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

2018 – 2019



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 Squad Intermediate
High Performance National Team

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

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 2018-2019 fencing season and registered with the CFF.
- I have read and agree to abide by the terms set out in the Athletes' Programs Handbook for 2018-2019.
- 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 (2017-2018)

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

B) Westerns and Canada Cup Results (2017-2018)

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

C) NAC or International Results (2017-2018)

Competition	Age Category/Weapon	Your Final Rank	Number of Entries

C) Designated Competitions (2017-2018)

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	



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)

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 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: _____

(Parent of Guardian, if under 18)

Date: _____ Phone # _____



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 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: _____

=====

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

Misha Sweet

(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)