



Provincial Team Application And Contract

2019-2020

Submit application to:

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

Deadline:

August 30, 2019

Provincial Team Program Fees

- **Squad \$600.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - 2 training sessions a week, strength training, and training camps
- **Intermediate \$800.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - 3 training sessions a week, strength training, training camps, and 10 private lessons
- **Youth High Performance \$1,000.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - 3 training sessions a week, strength training, training camps, and 15 private lessons
- **High Performance \$1,100.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - 5 training sessions a week, strength training, training camps, 40 private lessons
- **National Team Members \$1,500.00**
 - Full cost payable prior to program entry (cost may be prorated if entering the program mid-season)
 - 6 training sessions a week, strength training, training camps, 60 private lessons
- **Out of Province Members (Int., H. P., or N. T.) \$525.00**

Note that, barring exceptional circumstances, no refund will be provided for athletes leaving the program mid-season.

Options

Complete year payment due September 30, 2019. Payment scheduling may be negotiated, if needed, by contacting the Executive Director (fencing@sportmanitoba.ca)

NOTES:

- Please make all cheques payable to the Manitoba Fencing Association
- eTransfer is acceptable and can be sent to fencing@sportmanitoba.ca
- 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 Athletes 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
- Write a cheque to the MFA for fees
- 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

A) Local Tournament Results (2018-2019)

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

B) Westerns and Canada Cup Results (2018-2019)

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

C) NAC or International Results (2018-2019)

Competition	Age Category/Weapon	Your Final Rank	Number of Entries

C) Designated Competitions (2018-2019)

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 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:

Signature: _____ **Date:** _____

(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/Guardian's Signature)

(Date)

(Parent/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: _____

=====

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

_Ayach Bounachada_____
(Name: MFA Provincial Coach)

(Name: Parent or Witness)

(Signature: MFA Provincial Coach)

(Signature: Parent or Witness)