



Provincial Team Application And Contract

2013-2014

Submit application to:

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

Deadline:

September 30, 2013

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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 Athletes Handbook and endeavor 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**
 - \$10/month over a 10 month period. (August – May)
 - No Volunteer Bond needed
- **Squad - \$500.00**
 - \$50/month over a 10 month period. (August – May)
 - \$50.00 Volunteer Bond (Due September 30, 2013- Cheque Dated for May 31, 2014)
- **Intermediate -\$300.00**
 - \$100.00 Volunteer Bond (Due September 30, 2013- Cheque Dated for May 31, 2014)
- **High Performance -\$100.00**
 - \$10/month over a 10 month period (August – May)
 - \$150.00 Volunteer Bond (Due September 30, 2013- Cheque Dated for May 31, 2014)
- **National Team Members – \$0**
 - \$150.00 Volunteer Bond (Due September 30, 2013- Cheque Dated for May 31, 2014)

Provincial Team Program Payment Options

1. Complete year payment due September 30, 2013
2. Two, half year payments. Half due by September 30, 2013, final payment due January 31, 2014
3. Monthly payment. 10 post dated cheques dated for the last day of each month due September 30, 2013

Provincial Team Volunteer Bond Payment

1. Volunteer Bond dated for May 31, 2014 due September 30, 2013

*Please make all cheques payable to the Manitoba Fencing Association

Failure to submit payment more than 30 days after joining the Provincial Team may result in suspension from the team until payment is received.

A Parent's Guide to completing the Athletes Contract

1. Review the Athletes Programs Handbook (available online www.fencing.mb.ca/)
2. Register with the CFF and MFA online at www.fencing.mb.ca
3. Arrange for medical release form
4. Complete the Photo Release form (optional)
5. Complete and sign application form
6. Write a cheque or cheques to the MFA for fees
7. Write a cheque for volunteer bond
8. Sign up for volunteering (Volunteer Sign Up Book available at Provincial Training Centers or contact Kevin Mackay at jkmackay@shaw.ca)
9. Submit completed Application and Contract and Payment to:

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Sport Manitoba Building
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Winnipeg, MB R3B 2Z6

MFA #5			
Golden Boy			

B) Westerns and Canada Cup Results (2012-2013)

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

C) NAC or International Results (2012-2013)

Competition	Age Category/weapon	Location	Your Final Rank	Number of Entries
NAC #1				
NAC #2				
World Cup Event				
Nationals				

C) Designated Competitions (2012-2013)

Competition	Age Category/weapon	Location	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	

I acknowledge that it is my responsibility to acquire an FIE license if it is required to compete in designated competitions. This license can be obtained from the MFA web site after payment of a fee.

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 _____ 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/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 a 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 traveling with the athlete.

Signed: _____ Dated: _____

Medical Information Form

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

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: _____

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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)

Signatures:

Provincial Coach:

Date:

Vice President Athlete:

Date:

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

For the MFA

For the Athlete

(Name - MFA Vice-President)

(Name – Athlete)

(Signature - MFA Vice President)

(Signature – Athlete)

(Name – MFA Provincial Coach)

(Name – Parent or Witness)

(Signature - MFA Provincial Coach)

(Signature – Parent or Witness)

