



ALPINE CANADA ALPIN

2015-2016
Spring Membership Handbook

Approved May 2015

**2015-2016 Alpine Canada Alpin
Membership Information
Spring 2015.**

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1.0 MEMBERSHIP

1.1 Overview

Alpine Canada Alpin (ACA) is creating a detailed membership handbook for the 2015-2016 season which will encompass all membership related items including, the 2015-2016 National Rules & Polices. The completed handbook will be distributed in the fall and available to all Provincial Sport Organizations (PSO) and their member clubs. In the interim, this spring handbook will provide all the relevant details for members registering prior to the fall.

Offering a variety of different membership options for both competitive and non-competitive individuals, ACA is committed to growing the sport of alpine skiing in Canada. Further to this, members will see changes in relation to the membership portfolio at ACA, including the integration of para-alpine into the membership program.

All memberships are purchased through a recognized local ski club and require annual renewal.

Please refer to pages 11,12 & 13 for a copy of the 2015-2016 Membership Document

Alpine and Ski Cross FIS License

Athletes born in 1999 are now eligible to register as FIS racers for the 2015-2016 season. First time International Ski Federation (FIS) license holders are required to complete in addition to their ACA membership registration form; the FIS athlete declaration and ACA medical evaluation form. FIS licenses will NOT be issued until both items have been completed and submitted to the athletes club.

Returning FIS athletes are also required to complete the ACA membership registration, ACA medical evaluation form and FIS athlete declaration.

Please refer to Appendix ii for the FIS Athlete Declaration document and;

Appendix iii for the Medical Evaluation form.

IPC License

Athletes born in 1999 are now eligible to register as IPC racers for the 2015-2016 season. First time International Paralympic Committee (IPC) license holders are required to complete and provide in addition to their ACA membership registration form; the IPC athlete declaration, ACA medical evaluation form, colored copy of valid passport in PDF format, passport style headshot (plain background, no headgear, glasses or hairbands) in JPG format. IPC licenses will NOT be issued until all required items have been completed and submitted to the athletes club. All first time IPC license holders will need to provide duplicates of their registration items to ACA at nbrush@alpinecanada.org

Returning IPC athletes are only required to complete the ACA membership registration form.

Please refer to Appendix iv for the IPC Athlete Declaration document and;

Appendix iii for the Medical Evaluation form.

2015-2016 Alberta Alpine MEMBERSHIP CATEGORIES							
COMPETITIVE PROGRAM							
Category	Eligible Ages	Training	Competition	Required Insurance	Recommended Insurance	ACA FEE	Required Forms
Entry level	U6 & U8	May train at any preapproved venue world wide with a registered club program	May compete in sanctioned events locally. Canada district provinces can compete regionally.	Liability Insurance	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$85	2015-2016 ACA Registration Form
Entry level	U10 & U12	May train at any preapproved venue world wide with a registered club program	May compete in sanctioned events locally. Canada district provinces can compete regionally.	Liability Insurance	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$95	2015-2016 ACA Registration Form
National cards	U12-U21 & over	May train at any preapproved venue world wide with a registered club program	May compete outside of their province of registration. Eligible to qualify for National Team selection. Eligible to purchase international license. NOTE: Only required to hold 1 National Card if a multi discipline athlete.	Liability Insurance	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$156	2015-2016 ACA Registration Form
National cards with SAIP CLASS 3	U12-U21 & over	May train at any preapproved venue world wide with a registered club program	May compete outside of their province of registration. Eligible to qualify for National Team selection. Eligible to purchase international license. Recommended for non-FIS/IPC athletes who travel outside their respective province for training/racing as it comes with Sport Accident Insurance	Liability Insurance ; Sport Accident Insurance Policy Class 3	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$286	2015-2016 ACA Registration Form
National cards with SAIP CLASS 2	U12-U21 & over	May train at any preapproved venue world wide with a registered club program	May compete outside of their province of registration. Eligible to qualify for National Team selection. Eligible to purchase international license. Mandatory for non-FIS/IPC athletes who travel outside CAN/USA for training/racing as it comes with Sport Accident Insurance. A minimum SAIP CLASS 4 or 5 is mandatory for travel to the US for training/racing.	Liability Insurance ; Sport Accident Insurance Policy Class 2 - NOTE: Additional days may need to be purchased if travelling outside of Canada for more than 30 consecutive days	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$555	2015-2016 ACA Registration Form
MASTERS PROGRAM							
Masters - Weekend Pass	U21 & over	May train at any preapproved venue world wide with a registered club program	Valid for competition in one race competition. This includes one day events or one event taking place over multiple days	Liability Insurance	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$60	2015-2016 ACA Registration Form
Masters - National Card	U21 & over	May train at any preapproved venue world wide with a registered club program	May compete in unlimited sanctioned Masters events nationally. Eligible to purchase a FIS license	Liability Insurance	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$156	2015-2016 ACA Registration Form
Masters National cards with SAIP CLASS 3	U12-U21 & over	May train at any preapproved venue world wide with a registered club program	Recommended for Masters athletes who travel outside their respective province for training/racing as it comes with Sport Accident Insurance	Liability Insurance ; Sport Accident Insurance Policy Class 3	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$286	2015-2016 ACA Registration Form
Masters National cards with SAIP CLASS 2	U12-U21 & over	May train at any preapproved venue world wide with a registered club program	Recommended for Masters athletes who travel outside their respective province for training/racing as it comes with Sport Accident Insurance	Liability Insurance ; Sport Accident Insurance Policy Class 2 - NOTE: Additional days may need to be purchased if travelling outside of Canada for more than 30 consecutive days	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$546	2015-2016 ACA Registration Form
FIS & IPC LICENSES (All FIS & IPC athletes MUST hold an Alpine Canada National Card)							
Canadian FIS	U18 & over	May train at any preapproved venue world wide with a registered club program	May race in FIS events across Canada. May qualify for Canadian FIS sanctioned events of all categories. Must hold a National Points Card to register for FIS license in ALP not required in SX.	Liability Insurance ; Sport Accident Insurance Policy Class 3	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$456 (1st card) \$100 (2nd card)	2015-2016 ACA Registration Form, FIS Athlete Declaration, ACA Medical Evaluation, CCES Declaration (ALP Only)
FIS International	U18 & over	May train at any preapproved venue world wide with a registered club program	Must hold a National Points Card to register for FIS license in ALP not required in SX. Eligible to qualify for FIS internationally sanctioned events of all categories.	Liability Insurance ; Sport Accident Insurance Policy Class 2 - NOTE: Additional days may need to be purchased if travelling outside of Canada for more than 30 consecutive days	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$740 (1st card) \$95 (2nd card)	2015-2016 ACA Registration Form, FIS Athlete Declaration, ACA Medical Evaluation, CCES Declaration (ALP Only)
Master's FIS Card	30 years & over	May train at any preapproved venue world wide with a registered club program	Allows members to compete in FIS sanctioned Masters events internationally. Must hold a National Points Card to be eligible to register for FIS Masters license.	Liability Insurance	Provincial Health Care, family or personal insurance policies for excess medical and sport accident. SAIP is recommended but not mandatory.	\$176	2015-2016 ACA Registration Form, FIS Athlete Declaration, ACA Medical Evaluation
IPC Canada	U18 & OVER	May train at any preapproved venue world wide with a registered club program	Must hold a National Points Card to register for IPC license. Eligible to qualify for IPC sanctioned events.	Liability Insurance ; Sport Accident Insurance Policy Class 3 -	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$456	2015-2016 ACA Registration Form, IPC Athlete Declaration, ACA Medical Evaluation, Passport Copy, Passport Headshot
IPC International	U18 & OVER	May train at any preapproved venue world wide with a registered club program	Must hold a National Points Card to register for IPC license. Eligible to qualify for IPC sanctioned events.	Liability Insurance ; Sport Accident Insurance Policy Class 2 - NOTE: Additional days may need to be purchased if travelling outside of Canada for more than 30 consecutive days	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$740	2015-2016 ACA Registration Form, IPC Athlete Declaration, ACA Medical Evaluation, Passport Copy, Passport Headshot
NON-COMPETITIVE MEMBERSHIP							
Officials	ALL AGES	N/A	For registered members acting in an official race organizing committee (ROO) role as outlined in the FIS/IPC/Alpine Canada handbook. Must have taken an Alpine Canada officials course.	Liability Insurance	Provincial Health Care, personal policies, may purchase Sport Accident Insurance Policy - Class 2 or 3 option - see below	\$30	2015-2016 ACA Registration Form
Coaches	ALL AGES	N/A	Not eligible to compete. For registered coaches the CSCF in an active or non-active role. Must be current and in good standing with the Canadian Ski Coaches Federation (CSCF) and Alpine Canada. Coach competitors in the appropriate A1/A2/WIN category for their level of certification. May enter SX terrain if certified via CSCF.	Liability Insurance	Provincial Health Care, personal policies, may purchase Sport Accident Insurance Policy - Tier 2 or 3 option - see below	\$30	2015-2016 ACA Registration Form
General Member & Volunteers	ALL AGES	N/A	For members who are not racing or training. For members who volunteer more than once during a season in official and non-official capacities. (i.e. Gate Judge, registration at a club event, member of club or provincial alpine association board of directors). These members have insurance coverage when involved in club activities both on and off snow.	Liability Insurance	Provincial Health Care, personal policies	\$33	2015-2016 ACA Registration Form
One Event Volunteers	ALL AGES	N/A	For members who volunteer time at one single event (this includes one day events or one event taking place over multiple days - i.e. one full race series, fundraising event). Must sign the One Event Membership waiver. Once the member has volunteered at more than one day or at more than one event they must be registered as a general member or volunteer in the future.	Liability Insurance	Provincial Health Care, personal policies	\$0	One event waiver
SAIP INSURANCE							
SAIP CLASS 2	ALL AGES	N/A	Mandatory for all international FIS/IPC Licensed Athletes, recommended for non-FIS/IPC Athletes, Coaches and Discipline Officials who travel out of country. Coverage is for 30 consecutive days out of country, return to Canada will reset the consecutive out of country travel days.	Must be an ACA member to qualify	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$390	N/A
SAIP CLASS 3	ALL AGES	N/A	Mandatory for all Canadian FIS/IPC Licensed Athletes and recommended for non-FIS/IPC athletes, coaches and Discipline Officials who travel outside of their home province but do not travel out of Canada.	Must be an ACA member to qualify	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$130	N/A
SAIP CLASS 4	ALL AGES	N/A	Mandatory for all non-FIS athletes and recommended for coaches who travel to the U.S only. Coverage is for a single trip. MAX 7 day duration. NOT VALID FOR TRAVEL OUTSIDE OF THE USA	Must be an ACA member to qualify	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$130	N/A
SAIP CLASS 5	ALL AGES	N/A	Mandatory for all non-FIS athletes and recommended for coaches who travel to the U.S only. Coverage is for a single trip. MAX 14 day duration. NOT VALID FOR TRAVEL OUTSIDE OF THE USA	Must be an ACA member to qualify	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$150	N/A
Additional Out of Country Coverage	ALL AGES	N/A	With Class 2 coverage, additional out of country coverage available	Must have purchased SAIP Class 2 to qualify	Provincial Health Care, family or personal insurance policies for excess medical and sport accident	\$25/week	N/A

NOTES
 ** National cards only need to be purchased once, even if an athlete is a 2 discipline FIS competitor
 ** 2nd FIS cards are only charged at FIS fee based costs assuming the athlete is purchasing cards of similar levels.
 If they are buying one level in one discipline and a higher level in the second, the difference in SAIP class cost will be charged as well

1.3 2015-2016 Alpine Canada Alpin Membership Benefits

Committed to ensuring our members receive the best possible benefits in-line with their membership class, ACA has outlined a list of 2015-2016 membership benefits.

In the complete 2015-2016 ACA membership handbook released in the fall, an expanded list will be provided as we confirm more exciting membership benefits over the summer. Stay tuned!

- The knowledge that you are an integral component of the national and provincial alpine, para-alpine and ski cross communities
- Membership contributes to funding the development and national team programs of Alpine Canada Alpin (ACA)
- Part of alpine, para-alpine and ski cross national development pathway
- Access to the National Points System (ACA Points)
- Provision of Commercial General Liability (CGL) insurance, Directors and Officers (D&O) insurance for members and Provincial/Territorial Sport Organizations (PTSO) who are within the ACA insurance umbrella.
- Ability to purchase affordable, adequate sport accident insurance (SAIP)
- Access to tools, resources and programs for athlete development
- The ongoing development and maintenance of ACA rules and policies with the assurance that all sanctioned alpine, para-alpine and ski cross events comply with FIS and IPC regulations
- Access to ACA equipment rentals
- Streamlined FIS race entry process through a national system
- Access to funding opportunities and support
- Access to joint marketing opportunities

2.0 INSURANCE

Alpine Canada Alpin provides numerous different insurance policies for its members. A detailed list of all policies and their benefits will be provided in the membership handbook to be distributed in fall, 2015.

For spring membership registration, details in relation to the Sport Accident Insurance Program (SAIP), insurance certificates and out of country training requests have been outlined below.

2.1 Sport Accident Insurance Policy (SAIP)

For the 2015-2016 season, ACA in conjunction with the CSA has been able to expand on the SAIP program that we provide to our members to include SAIP Class 4 & 5 programs.

SAIP policy terms are annual and valid from July 1st – June 30th. For those individuals who are SAIP Class 2 or 3 policy holders, coverage is valid from the date of purchase up until June 30th the following year.

SAIP Class 4, new to the program this season, allows non-FIS athletes to participate in USA competition and training that does not exceed 7 days. This is a single use policy, with coverage only valid for the time period provided.

SAIP Class 5, also new for 2015-2016 is similar to Class 4 however is for a 14 day trip.

SAIP Class 4 & 5 policies are NOT valid for travel outside the USA.

SAIP Class 2:

Mandatory for all international FIS/IPC licensed athletes and non-FIS licensed athletes who travel out of North America for either training or competition. Recommended for coaches and officials who also travel out of the country. Coverage is for 30 consecutive days out of country. Return to Canada will reset the consecutive out of country travel days.

In the event that an athlete will be overseas for more than 30 consecutive days additional out of country insurance can be purchased.

SAIP class 2 is provided to alpine, para-alpine and ski cross athletes in their membership when they purchase a FIS or IPC international license. This is mandatory insurance for this level of competition.

SAIP Class 3:

Mandatory for all Canadian FIS/IPC licensed athletes and highly recommended for athletes, coaches and officials who travel outside of their home province but who do not travel outside of Canada.

SAIP class 3 insurance is provided to alpine, para-alpine and ski cross athletes in their membership when they purchase a Canadian FIS or IPC license. This is mandatory insurance for this level of competition.

For any insurance purchase outside of FIS/IPC membership, it is the responsibility of the province to provide the coverage details (name, province, insurance class requested and dates (SAIP Class 4 & 5 only) to ACA for coverage to commence. Each province will be provided a template for this information.

Please refer to Appendix v for the SAIP FAQ document for 2015-2016.

2.2 Insurance Certificates

ACA provides certificates of insurance on a request basis to its member clubs with the exclusion of Ski Quebec Alpin members.

Certificates must be submitted with at minimum 2 weeks' notice to allow for creation and delivery. Certificates are at a cost of \$30 per document issued. Please be advised that multiple certificate holders can be included on one request.

Certificate policy terms are annual from July 1 – June 30.

The request document can be found on the ACA website or a hard copy is attached in Appendix vi.

2.3 Out of Country Training Sanction Request

In order for out of country training to be covered under the ACA/CSA Commercial General Liability (CGL) insurance program, ACA and the CSA must approve all out of country training. All groups training outside of Canada must fill in a request document and hold appropriate SAIP insurance for the duration of their travel.

Out of country training sanction requests must be submitted for approval two weeks prior to departure.

Please refer to Appendix vii for the request document.

3.0 RACE ENTRIES

ACA is responsible for entering all alpine and ski cross Canadian athletes in any international FIS competition including, International Children (Kinder) Races and Masters events.

To ensure all athletes are provided an opportunity to enter races, an online entry system has been created. The use of this system is mandatory for entry submission into any international FIS race.

3.1 FIS Race entries 2015-2016

For 2015-2016 alpine and ski cross international FIS entries must be submitted online via the use of the online registration system, at minimum, 2 weeks (14 days) prior to the first race day.

Website URL: <http://fisraceentrycalendar.alpinecanada.org>

For new users of the online system a YouTube video (<https://www.youtube.com/watch?v=DOjuMWVxLPM>) can be accessed for step-to-step instructions on adding athletes to your team and entering races.

Once athletes are 'entered' online, ACA will verify eligible athletes based upon quota allocations and send an email confirmation with entered and waitlisted athletes.

Athletes are NOT entered until this confirmation email is received.

Once confirmation has been received, if an athlete is no longer able to attend an email must be sent immediately to raceentries@alpinecanada.org. Failure to notify of changes can result in sanctions.

For athletes that wish to be entered within the 14 day time frame, entries MUST be submitted to raceentries@alpinecanada.org on an official FIS entry document with coaches included. No entries will be accepted within 48 hours of the first Team Captains' meeting.

This system is a nationally provided registration system and is mandated by Alpine Canada Alpin.

4.0 CANADIAN CENTRE FOR ETHICS IN SPORT (CCES)

Committed to a drug free sport, ACA in conjunction with the CCES has expanded the testing pool for Canadian alpine athletes.

All identified FIS registered athletes for the 2015-2016 season and onwards are now required to participate in the CCES anti-doping program. Identified athletes are now required to complete the CCES athlete declaration and online e-learning seminar prior to July 1st. Sanctions can be imposed for any athlete who does not complete the paperwork and e-learning seminar.

For further details in relation to the online e-learning seminar and for a copy of the CCES athlete declaration please refer to, Appendix ii.

**ALPINE CANADA ALPIN
MEMBERSHIP REGISTRATION FORM
2015-2016 SEASON**



ALPINE CANADA ALPIN

A. PERSONAL INFORMATION

SURNAME	FIRST NAME	SEX	DATE OF BIRTH (DD/MM/YYYY)
MAILING ADDRESS	CITY	PROV	POSTAL CODE
HOME PHONE	CELL PHONE	EMAIL	MEMBERS HEALTH CARD NUMBER
PREFERRED LANGUAGE (CIRCLE ONE):	ENGLISH	FRENCH	
EMERGENCY CONTACT	RELATION	PHONE	

IF UNDER 19 YEARS OF AGE:

PARENT NAME	PHONE NUMBER	EMAIL ADDRESS
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B. PROGRAM INFORMATION

PTSO _____ CLUB NAME _____

SELECT ALL BOXES THAT APPLY TO YOUR PROGRAM THIS SEASON. RETURNING ATHLETES PLEASE LIST YOUR APPLICABLE LICENCE NUMBERS BELOW:

<p>DISCIPLINE</p> <p><input type="checkbox"/> ALPINE</p> <p><input type="checkbox"/> SKI CROSS</p> <p><input type="checkbox"/> PARA-ALPINE</p>	<p>CLASS</p> <p>NON-COMP</p> <p><input type="checkbox"/> GENERAL MEMBER</p> <p><input type="checkbox"/> COACH</p> <p><input type="checkbox"/> OFFICIAL</p> <p><input type="checkbox"/> VOLUNTEER</p> <p>COMPETITIVE</p> <p><input type="checkbox"/> ENTRY LEVEL</p> <p><input type="checkbox"/> RECREATION</p> <p><input type="checkbox"/> NATIONAL</p> <p><input type="checkbox"/> NATIONAL WITH SAIP CLASS 2</p> <p><input type="checkbox"/> NATIONAL WITH SAIP CLASS 3</p> <p><input type="checkbox"/> MASTERS NATIONAL</p> <p><input type="checkbox"/> MASTERS NATIONAL WITH SAIP CLASS 2</p> <p><input type="checkbox"/> MASTERS NATIONAL WITH SAIP CLASS 3</p> <p><input type="checkbox"/> MASTERS-WEEKEND PASS</p>	<p>INTERNATIONAL CARDS</p> <p>1ST CARD</p> <p><input type="checkbox"/> FIS PROVINCIAL</p> <p><input type="checkbox"/> FIS CANADA</p> <p><input type="checkbox"/> FIS INTERNATIONAL</p> <p><input type="checkbox"/> FIS MASTERS</p> <p><input type="checkbox"/> IPC CANADA</p> <p><input type="checkbox"/> IPC INTERNATIONAL</p> <p>2ND CARD</p> <p><input type="checkbox"/> FIS PROVINCIAL</p> <p><input type="checkbox"/> FIS CANADA</p> <p><input type="checkbox"/> FIS INTERNATIONAL</p>
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Please circle appropriate discipline

SX or ALP

SX or ALP

SX or ALP

SX or ALP

SX or ALP

SX or ALP

SX or ALP

SX or ALP

NATIONAL CARD NO:	FIS CARD NO (ALP)	FIS CARD NO (SX)	IPC LICENSE NO
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C. CONSENT / CONSENTEMENT

I HAVE READ AND UNDERSTAND THIS RELEASE OR LIABILITY AND INDEMNIFICATION AGREEMENT ON THE REVERSE PRIOR TO SIGNING IT AND I AM AWARE THAT BY SIGNING THIS RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT-OF-KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. *IN SIGNING THIS CONSENT/RELEASE I AGREE TO THE FOLLOWING:*

ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. IN SIGNING THIS CONSENT/RELEASE I AGREE TO THE FOLLOWING:

A) AUTHORIZE ACA/PSO AND/OR CLUB TO USE MY PHOTOGRAPH, IMAGE AND LIKENESS ("MY IMAGE") IN ALL FORMS AND MANNER INCLUDING BUT NOT LIMITED TO PUBLICATION ON INTERNET WEBSITES, BROADCAST, AND ANY OTHER PUBLICATIONS AS RELEASED TO OR BY ACA, FOR THE PROMOTION OF SKIING.

B) COLLECTION AND USE OF ALL PERSONAL INFORMATION BY ACA PURSUANT TO ACA'S PRIVACY POLICY, WHICH IS LOCATED ON ACA'S WEBSITE (WWW.ALPINECANADA.ORG)

JE DÉCLARE AVOIR LU ET COMPRIS CETTE EXONÉRATION DE RESPONSABILITÉ ET D'INDEMNISATION AU VERSO AVANT DE LA SIGNER. JE COMPRENDS PARFAITEMENT QU'EN SIGNANT LADITE EXONÉRATION DE RESPONSABILITÉ ET D'INDEMNISATION, JE RENONCE À CERTAINS DROITS RECONNUS PAR LA LOI QUE MES HÉRITIERS OU MOI-MÊME, MES PLUS PROCHES PARENTS, MES EXÉCUTEURS TESTAMENTAIRES, LES ADMINISTRATEURS DE MA SUCCESSION ET MES AYANTS DROIT POURRIONS AVOIR CONTRE LES RENONCIATAIRES. EN SIGNANT CE CONSENTEMENT/EXONÉRATION, JE CONSENS À:

A) J'AUTORISE ACA/OSP ET/OU LE CLUB À FAIRE USAGE DE MA PHOTOGRAPHIE, IMAGE ET REPRÉSENTATION ("MON IMAGE") DANS TOUTES LES FORMES ET DE TOUTES LES FAÇONS POSSIBLE, DONT ET SANS S'Y LIMITER, LA PUBLICATION SUR LES SITES WEB INTERNET, LA TÉLÉDIFFUSION ET TOUTE AUTRE PUBLICATION ÉMISE À OU PAR ACA POUR LA PROMOTION DU SKI.

B) COLLECTION ET UTILISATION DE TOUS MES RENSEIGNEMENTS PERSONNELS PAR ACA SELON LA POLITIQUE SUR LA VIE PRIVÉE D'ACA QUE L'ON RETROUVE SUR LE SITE WEB D'ACA

(WWW.ALPINECANADA.ORG)

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

PARTICIPANT: I AM AWARE THAT SKIING INVOLVES CERTAIN DANGER AND RISKS, INCLUDING, BUT NOT LIMITED TO COLLISION WITH NATURAL AND MAN-MADE OBJECTS AND WITH OTHER SKIERS AND SPECTATORS AND FALLING AT HIGH SPEED WHILE RACING OR TRAINING AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH DANGERS AND RISKS AND THE POSSIBILITY OR PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THERE FROM.

IN CONSIDERATION OF ALPINE CANADA ALPIN (A.C.A.) AND THE CANADIAN SNOWSPORTS ASSOCIATION (THE C.S.A.) ACCEPTING MY APPLICATION FOR REGISTRATION AND PERMITTING ME TO PARTICIPATE IN COMPETITIONS, EVENTS OR TRAINING AUTHORIZED OR SANCTIONED BY A.C.A. AND THE C.S.A., I HEREBY FOR MYSELF MY HEIRS, NEXT-OF-KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS, HEREBY AGREE AS FOLLOWS:

1. TO WAIVE ANY AND ALL CLAIMS THAT I MAY HAVE AGAINST A.C.A., THE C.S.A., THE SKI CLUB, ZONE OR DIVISION NAMED IN SECTION ON THE REVERSE. ANY OTHER SKI CLUB OR SKI AREA CONNECTED WITH SUCH COMPETITIONS, EVENTS, TRAINING AND THEIR DIRECTORS, OFFICERS, COACHES, EMPLOYEES, REPRESENTATIVES, OFFICIALS, AGENTS, VOLUNTEERS AND SPONSORS (ALL OF WHOM ARE HEREINAFTER COLLECTIVELY REFERED TO AS THE RELEASEES).

2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY OR EXPENSE THAT I MAY SUFFER OR THAT MY NEXT-OF-KIN MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THE SAID COMPETITIONS, EVENTS OR TRAINING DUE TO ANY CAUSE, WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES.

3. TO HOLD HARMLESS AND INDEMNITY THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY PROPERTY DAMAGE, PERSONAL INJURY OR DEATH TO ANY THIRD PARTY RESULTING FROM MY PARTICIPATION IN THE SAID COMPETITIONS EVENTS OR TRAINING.

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT (IF COMPETITOR UNDER 19 YEARS OF AGE)

PARENT / GUARDIAN: I HAVE READ AND UNDERSTAND THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT SET OUT ABOVE IN CONSIDERATION OF ALPINE CANADA ALPIN (A.C.A.) AND THE CANADIAN SNOWSPORTS ASSOCIATION, (C.S.A.) ACCEPTING THE APPLICATION FOR REGISTRATION OF:

(HEREAFTER REFERED TO AS "THE COMPETITOR") AND PERMITTING THE COMPETITOR TO PARTICIPATE TO COMPETITONS, EVENTS OR TRAINING AUTHORIZED OR SANCTIONED BY A.C.A. AND THE C.S.A.. I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS AS FOLLOWS:

1. TO WAIVE ANY AND ALL CLAIMS THAT I MAY HAVE AGAINST A.C.A., THE C. S. A., THE SKI CLUB, ZONE OR DIVISION NAMED IN SECTION A ABOVE, ANY OTHER SKI CLUB OR SKI AREA CONNECTED WITH SUCH COMPETITIONS, EVENTS, TRAINING AND THEIR DIRECTORS, OFFICERS, COACHES, EMPLOYEES, REPRESENTATIVES, OFFICIALS, AGENTS, VOLUNTEERS AND SPONSORS (ALL OF WHOM ARE HEREINAFTER COLLECTIVELY REFERED TO AS THE RELEASEES.)

2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE INJURY OR EXPENSE THAT I MAY SUFFER OR THAT MY NEXT-OF-KIN MAY SUFFER AS A RESULT OF MY OR THE COMPETITOR'S PARTICIPATION IN THE SAID COMPETITIONS, EVENTS TRAINING DUE TO ANY CAUSE WHATSOEVER INCLUDING ANY NEGLIGENCE ON THE PART OF THE RELEASEES.

3. TO HOLD HARMLESS AND INDEMNITY THE RELEASEES FROM ANY AND ALL LIABILITY FOR ANY PROPERTY, DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY THE COMPETITOR OR BY ANY THIRD PART RESULTING FROM THE COMPETITOR'S PARTICIPATION IN THE SAID COMPETITIONS, EVENTS OR TRAINING.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

I FULLY RECOGNIZE AND AGREE THAT THE PROVINCIAL FIS LICENCE GRANTED TO ME BY ACA IS A LICENCE RESTRICTED TO ENTRY INTO FIS RACES WITHIN MY HOME PROVINCE ONLY.

I FURTHER ACKNOWLEDGE THAT I HAVE DECLINED TO PARTICIPATE IN THE CSA/ACA OUT OF COUNTRY SPORT ACCIDENT INSURANCE PROGRAM(SAIP) AND THAT I AM FULLY RESPONSIBLE FOR THE PAYMENT OF ANY ACCIDENT, MEDICAL, MOUNTAIN RESCUE OR EVACUATION COSTS THAT I MAY INCUR WHILE TRAINING OR COMPETING OUTSIDE OF MY HOME PROVINCE.

FURTHERMORE I AGREE THAT I WILL HOLD THE CSA/ACA AND AOA/SQA HARMLESS FROM ANY COSTS THAT MAY BE INVOICED OR ASSESSED AGAINST THEM BY ANY SERVICE PROVIDER ASSOCIATED WITH ANY INJURY ARISING OUT OF TRAINING OR COMPETING OUTSIDE MY HOME PROVINCE.

THAT THIS AGREEMENT SHALL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH THE LAWS OF ATHLETES HOME PROVINCE; AND THAT ANY LITIGATION INVOLVING THE PARTIES OF THIS AGREEMENT SHALL BE BROUGHT WITHIN THE LAWS OF THE ATHLETES HOME PROVINCE

EXONÉRATION DE RESPONSABILITÉ ET ACCEPTATION DES RISQUES

PARTICIPANT: JE RECONNAIS QUE LE SKI ALPIN COMPORTE CERTAINS DANGERS ET RISQUES Y COMPRIS, SANS Y ÊTRE LIMITÉ, LES COLLISIONS AVEC DES OBJETS NATURELS OU FABRIQUÉS, DES SKIEURS ET DES SPECTATEURS, ET LES CHUTES À GRANDE VITESSE PENDANT UNE DESCENTE OU L'ENTRAÎNEMENT. J'ACCEPTÉ ET PRENDS EN CHARGE LIBREMENT ET TOTALEMENT TOUS CES RISQUES ET DANGERS, AINSI QUE LES RISQUES DE BLESSURES PERSONNELLES, DE DÉCÈS, DE DOMMAGES À LA PROPRIÉTÉ OU DE PERTES QUI POURRAIENT EN DÉCOULER.

DANS LE CAS OÙ ALPINE CANADA ALPIN (A.C.A.) ET L'ASSOCIATION CANADIENNE SPORTS D'HIVER (A.C.S) ACCÉPTE MA DEMANDE D'INSCRIPTION ET ME PERMET DE PRENDRE PART À DES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT AUTORISÉES OU SANCTIONNÉES PAR L'A.C.A. ET OU L'A.C.S.. JE CONSENS EN MON NOM ET EN CELUI DE MES HÉRITIERS, DE MES PLUS PROCHES PARENTS, DE MES EXÉCUTEURS TESTAMENTAIRES, DES ADMINISTRATEURS DE MA SUCCESSION ET DE MES AYANTS DROIT, À ME CONFORMER AUX DISPOSITIONS SUIVANTES:

1. JE RENONCE À TOUTE RÉCLAMATION QUE JE POURRAIS AVOIR CONTRE A.C.A., L'A.C.S., LE CLUB DE SKI, ZONE OU DIVISION CITÉ DANS LA SECTION À L'ENDOS, TOUT AUTRE CLUB DE SKI OU TOUTE STATION DE SKI LIÉS À CES COMPÉTITIONS, ACTIVITÉS, ET SÉANCE D'ENTRAÎNEMENT AINSI QUE LEURS DIRECTEURS, ADMINISTRATEURS, ENTRAÎNEURS, EMPLOYÉS, REPRÉSENTANTS, PORTE-PAROLE, AGENTS, BÉNÉVOLES ET COMMANDITAIRES (ET QUI SONT TOUS DÉSIGNÉS CI- APRÈS SOUS L'APPELLATION "LES RENONCIATAIRES").
2. J'EXONÈRE LES RENONCIATAIRES DE TOUTE RESPONSABILITÉ POUR TOUTE PERTE, TOUT DOMMAGE, TOUTE BLESSURE OU DÉPENSE QUE MES PLUS PROCHES PARENTS OU MOI-MÊME POURRIONS SUBIR À LA SUITE DE MA PARTICIPATION AUX DITES COMPÉTITIONS ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT PEU IMPORTE LA CAUSE, Y COMPRIS LA NÉGLIGENCE DE LA PART DES RENONCIATAIRES.
3. J'EXONÈRE LES RENONCIATAIRES DE TOUTE RESPONSABILITÉ POUR TOUT DOMMAGE À LA PROPRIÉTÉ, TOUTE BLESSURE PERSONNELLE OU TOUT DÉCÈS D'UNE TIÈRCE PERSONNE, RÉSULTANT DE MA PARTICIPATION AUX DITES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT.

EXONÉRATION DE RESPONSABILITÉ ET D'INDEMNISATION (MOINS DE 19 ANS)

PARENT / TUTEUR: JE DÉCLARE AVOIR LU ET COMPRIS LA FORMULE D'EXONÉRATION DE RESPONSABILITÉ ET D'ACCEPTATION DES RISQUES DÉCRITE CI-DESSUS DANS LE CAS OÙ ALPINE CANADA ALPIN (A.C.A.) ET L'ASSOCIATION CANADIENNE SPORTS D'HIVER (A.C.S.) ACCÉPTE LA DEMANDE D'INSCRIPTION DE:

(DÉSIGNÉ(E) À L'ENDOS SOUS LE NOM "L'ATHLÈTE") ET LUI PERMET DE PRENDRE PART À DES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT AUTORISÉES OU SANCTIONNÉES PAR A.C.A. ET L'A.C.S.. JE CONSENS EN MON NOM ET EN CELUI DE MES HÉRITIERS DE MES PLUS PROCHES PARENTS, DE MESEXÉCUTEURS TESTAMENTAIRES, DES ADMINISTRATEURS DE MA SUCCESSION ET DE MES AYANTS DROIT, À ME CONFORMER AUX DISPOSITIONS SUIVANTES:

1. JE RENONCE À TOUTE RÉCLAMATION QUE JE POURRAIS AVOIR CONTRE A.C.A., L'A.C.S., LE CLUB DE SKI ZONE OU DIVISION CITÉ DANS LA SECTION À L'ENDOS, TOUT AUTRE CLUB DE SKI OU TOUTE STATION DE SKI LIÉS À CES COMPÉTITIONS, ACTIVITÉS ET SÉANCES D'ENTRAÎNEMENT AINSI QUE LEURS DIRECTEURS, ADMINISTRATEURS, ENTRAÎNEURS, EMPLOYÉS, REPRÉSENTANTS, PORTE-PAROLE, AGENTS, BÉNÉVOLES ET COMMANDITAIRES (ET QUI SONT TOUS DÉSIGNÉS CI- APRÈS SOUS L'APPELLATION "LES RENONCIATAIRES").
2. J'EXONÈRE LES RENONCIATAIRES DE TOUTE RESPONSABILITÉ POUR TOUTE PERTE, TOUT DOMMAGE, TOUTE BLESSURE OU DÉPENSE QUE MES PLUS PROCHES PARENTS OU MOI-MÊME POURRIONS SUBIR À LA SUITE DE MA PARTICIPATION OU CELLE DU COMPÉTITEUR AUX DITES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT PEU IMPORTE LA CAUSE, Y COMPRIS LA NÉGLIGENCE DE LA PART DES RENONCIATAIRES.
3. J'EXONÈRE LES RENONCIATAIRES DE TOUTE RESPONSABILITÉ POUR TOUT DOMMAGE À LA PROPRIÉTÉ, TOUTE BLESSURE PERSONNELLE, DÉCÈS DU COMPÉTITEUR OU CELUI D'UNE TIÈRCE PERSONNE RÉSULTANT DE LA PARTICIPATION DU COMPÉTITEUR AUX DITES COMPÉTITIONS, ACTIVITÉS OU SÉANCES D'ENTRAÎNEMENT.

DÉCHARGE DE RESPONSABILITÉ, RENONCIATION AUX RÉCLAMATIONS ET ENTENTE D'INDEMNISATION

JE RECONNAIS PLEINEMENT ET J'ACCÉPTE QUE LA LICENCE FIS PROVINCIALE QUI M'EST ACCORDÉE PAR ACA SOIT UNE LICENCE RESTREINTE ET LIMITÉE À L'INSCRIPTION AUX ÉPREUVES FIS TENUES DANS MA PROVINCE UNIQUEMENT.

JE RECONNAIS PLEINEMENT QUE J'AI RENONCÉ DE PARTICIPER AU PROGRAMME D'ASSURANCE DANS LE SPORT À L'ÉTRANGER DE L'ACSH/ACA (PAAS) ET JE SUIS ENTIÈREMENT RESPONSABLE DU PAIEMENT DE TOUTES DÉPENSES OU TOUS FRAIS RELIÉS À UN ACCIDENT, AUX SOINS MÉDICAUX, À UN SAUVETAGE EN MONTAGNE OU À UNE ÉVACUATION QUE JE POURRAIS DEVOIR DÉBOURSER PENDANT UN ENTRAÎNEMENT OU UNE COMPÉTITION HORS DE MA PROVINCE DE RÉSIDENCE.

DE PLUS, J'ACCÉPTE DE NE PAS TENIR L'ACSH/ACA ET AO/SQA RESPONSABLES DE TOUTES DÉPENSES QUI POURRAIENT M'ÊTRE FACTURÉES OU ESTIMÉES CONTRE EUX PAR QUELCONQUE FOURNISSEUR DE SERVICES ASSOCIÉ À TOUTE BLESSURE SURVENUE LORS D'UN ENTRAÎNEMENT OU D'UNE COMPÉTITION HORS DE MA PROVINCE DE RÉSIDENCE.

JE RECONNAIS QUE LA PRÉSENTE ENTENTE SERA RÉGIE ET INTERPRÉTÉE PAR LES LOIS APPLICABLES DE LA PROVINCE DE RÉSIDENCE DE L'ATHLÈTE ET QUE TOUT LITIGE IMPLIQUANT LES PARTIES À LA PRÉSENTE ENTENTE SOIT RÉGLÉ EN VERTU DES LOIS DE LA PROVINCE DE RÉSIDENCE DE L'ATHLÈTE.

PARTICIPANTS SIGNATURE
DATE

DATE

SIGNATURE OF PARENT OF GUARDIAN/SIGNATURE DU PARENT OU TUTEUR (IF UNDER 19/MOINS DE 19 ANS)

NAME OF WITNESS/NOM DU TEMOIN

SIGNATURE OF WITNESS/SIGNATURE DE TEMOIN

DATE

REVISED APRIL 2015/REVISION AVRIL 2015

APPENDIX

i. CCES Athlete Information and Declaration



350-855 rue Green Valley Cr
Ottawa ON Canada K2C 3V4
Tel/PH + 1 613 521 3340
+ 1 800 672 7776
Fax/Télex + 1 613 521 3134
info@cces.ca www.cces.ca

May 22nd, 2015

Notification of Inclusion in the National Athlete Pool

In association with the 2015 Canadian Anti-Doping Program, Alpine Canada has expanded the 2015/16 National Athlete Pool (NAP) criteria to include:

1. All Sport Canada carded athletes
2. All national team athletes
3. Any athlete within 50 points of the top ranked athlete in any of the 4 major disciplines (DH, SG, GS, SL) based off the 13th FIS points list 2014/15.

Identified 2015/16 FIS registered athletes who have met the above criteria will be required to complete the following components:

1. Athletes must complete The Canadian Centre for Ethics in Sport (CCES) e-learning course "True Sport Clean 101" by July 1, 2015. Your enrollment key and instructions are below.
2. You must read and sign the 2015 CADP Athlete Contract (last page), and return to your Provincial Sport Organization (PSO) by July 1, 2015.

Some athletes in the National Athlete Pool will also be part of the Registered Testing Pool (RTP). Athletes who are or will be in the RTP will be communicated with separately to outline their specific obligations, including the submission of whereabouts information to the CCES. Athletes who are in the National Athlete Pool but who are *not* in the RTP will not have to complete the same level of whereabouts information. CCES may request additional information from time to time however PSO's will be required to provide the following information to the CCES for the 2015/16 season:

- Your name;
- Date of birth (which is used by CCES to avoid the creation of duplicate athletes profiles when two athletes have the same name);
- Email address (to enable CCES to contact you directly, as needed and as appropriate; most communications will still come from us)
- Residential address (to assist CCES with locating you for out-of-competition testing).

All athletes are required to review the 2015 Canadian Anti-Doping Program:
<http://cces.ca/en/2015cadp>.



CCES E-Learning Enrollment Key and Instructions

The CCES requires identified NAP Athletes for the 2015/16 season to complete the e-learning course: **True Sport Clean 101**. To access and complete this e-learning course, please follow the instructions below:

1) If you have taken a CCES online course previously:

- Please use this link to Login: <http://education.cces.ca>
- Please use the login information you previously created.
- Can't remember your username? Try your email address.
- Use the "Forgot Password?" function to retrieve your password if you have forgotten it.
- Contact the CCES if you have forgotten your login information.
- Do not use the enrollment key below to create a new account.

2) If you are taking the CCES online course for the first time:

- Please use this link, enrollment key and password to Sign Up:
- Link <http://education.cces.ca/#/signup>
- Enrollment Key: **AlpineKey1415**
- Password: **AlpinePass1415**

1. You will be prompted to enter your name and your email address, your email address will become your username.
2. Enter a password that you will remember.
3. Log in with your new username and password.
4. Go to "My Courses".
5. You must complete the "Profile" module before you can start the course.
6. Return to "My Courses" to begin the course.

If you return at a later date to start training or to continue a partially completed course, you must log in with your unique username and password. If you use the enrollment key again you will be creating a duplicate account and will have to start your training from the beginning. If you would prefer the e-learning portal to display in another official language, locate the "Language" function in the bottom left-hand corner of the e-learning portal.

If you have trouble logging in, please contact the CCES for assistance:

Ron Gallinger

Coordinator, Personnel and Procedures

Coordonnateur des procédures et du personnel

+1 613 521 3340 x3201 (t) | 613 769 8927 (c)

rgallinger@cces.ca

CADP Athlete Contract

I understand that my national sport organization, Alpine Canada Alpin, has adopted the 2015 Canadian Anti-Doping Program (CADP).

1. I specifically agree that as a member of the National Athlete Pool (NAP) in my sport I am subject to the Canadian Anti-Doping Program (CADP) and accordingly shall be bound by all the anti-doping rules and responsibilities contained in the CADP.
2. I agree that I have been educated regarding the anti-doping rules and violations contained in the CADP.
3. I acknowledge that information, including personal information about me, can be shared between anti-doping organizations for anti-doping purposes and such information will be used only in a fashion that is fully consistent with the limitations and restrictions contained in the World Anti-Doping Agency's International Standard for the Protection of Privacy and Personal Information.
4. With the understanding that any disclosure is for the sole purpose of assisting the CCES in enforcement of the CADP, I consent to having police and law enforcement agencies, border services agencies, Sport Organizations of which I am a member and sporting clubs and athletic associations to which I belong, in Canada and elsewhere, disclose to the CCES information in their possession relating to me that is directly relevant to potential anti-doping rule violations contained in the CADP that may be asserted against me.

Athlete Name

Athlete Signature

Parent/Guardian Name (if athlete
is a minor)

Parent/Guardian Signature (if
athlete is a minor)

Date

ATHELETES DECLARATION FOR REGISTRATION WITH THE INTERNATIONAL SKI FEDERATION (FIS)

I, the undersigned, understanding that my signature to this declaration does not limit the obligation of the organizer to prepare and maintain competitions courses in accordance with FIS rules and FIS safety standards then in effect,

Family Name	First Name	DoB (dd/mm/yyyy)	Nation
Ski/Snowboard Club:			
Discipline: Alpine <input type="checkbox"/> Nordic <input type="checkbox"/> Other <input type="checkbox"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

make the following declaration:

1. FIS RULES; REGULATIONS AND PROCEDURES

I understand and accept that my participation at any event which is part of the FIS calendar is subject to my acceptance of all FIS rules applicable in connection with such event. I therefore agree to be submitted to such rules, regulations and procedures and to the jurisdiction of the bodies which are in charge of applying them, including but not limited to the exclusive jurisdiction of the Court of Arbitration for Sport CAS in Lausanne, Switzerland, where such is provided by FIS rules.

2. ACKNOWLEDGEMENT OF RISKS

I am fully aware and conscious of the potential risks involved in competition skiing activities and of the risk caused by speed and gravitational forces, be it during training or during the actual competition. I recognize that there are risks linked with the attempt to achieve competitive results which requires me to stretch my physical abilities. I also know and accept that the risks factors include environmental conditions, technical equipment, and atmospheric influences as well as natural or manmade obstacles. I am further aware that certain movements or actions cannot always be anticipated or controlled and therefore cannot be avoided or prevented through safety measures.

Consequently, I know and accept that when I engage in such competitive activities, my physical integrity and, in extreme cases, even my life may be at risk.

Furthermore, I know and accept that the above mentioned dangers linked with my participation may threaten third parties within the competition and training area.

I will conduct my own inspection of training and competition courses. I will immediately notify the jury of any safety concerns I may have. I understand that I am responsible for the choice of the appropriate equipment and of its condition, for the speed at which I race and for the selection of my line through the course.



3. PERSONAL LIABILITY

I understand that I may be found personally liable to third parties for damages arising from bodily injury or property damage they may suffer as a result of an occurrence linked with my participation in training or competition. I agree that it is not the responsibility of the organizer to inspect or supervise my equipment.

4. RELEASE

To the extent permitted by the applicable law, I release FIS, my National Association, and the organizers and their respective members, directors, officers, employees, volunteers, contractors and agents from any liability for any loss, injury, or damage suffered in relation to my participation in FIS sanctioned competition or training.

5. DISPUTE RESOLUTION

Without limitation to the jurisdiction of any body of competent jurisdiction in connection with the application of the FIS Rules, regulations and procedures to which I submit as a consequence of my participation at events that are published in the FIS calendar (see point 1 above), I agree that any dispute which is not to be adjudicated in application of procedures provided for by the FIS Rules, regulations and procedures, but which arises between myself and the FIS and/or the organizer of an event in the FIS calendar, including but not limited to claims for damages of either party against the other arising out of occurrences (acts or omissions) linked with my participation to such an event shall be governed by Swiss law and exclusively settled by arbitration before the Court of Arbitration for Sport ("CAS") in Lausanne in accordance with the CAS rules then in effect.

This Declaration be governed and construed according to Swiss law and to the extent permitted by applicable law shall also be binding on my heirs, successors, beneficiaries, next of kin or assigns who might pursue any legal action in connection with the same.

I have read and understood the above Athlete's Declaration.

Location	Date	Signature of athlete

For Athletes of minority age (according to national laws):

This is to certify that, as parent/guardian of this participant, I do consent to his/her agreement to be bound by each of the terms and conditions identified above.

Name (Printed) - Parent/Guardian	Date	Relationship	Signature of Parent/Guardian

iii. ACA Medical Evaluation Form



ALPINE CANADA ALPIN

Alpine Canada Alpin
Suite 302, 151 Canada
Olympic Road S.W.
Calgary, AB, T3B 6B7
T: 403-777-3200
E: info@alpinecanada.org

Alpine Canada Alpin Medical Evaluation

*Please attach a passport style photo with the completed form.

1. ATHLETE PERSONAL INFORMATION

Name: _____ Date of Birth (DD/MM/YYYY): _____ Sex: M F
Surname, First Name

Provincial Health Care Number: _____

Additional health care coverage you carry, if any;

Club Name: _____

Provincial Ski Organisation: _____

2. MEDICAL HISTORY (Attach additional pages if required)

Family History:

Past medical/surgical history (include dates of surgeries and physicians name):

Immunizations (DPT/TD, Hep A and B, Flu):

3. PRESENT MEDICAL STATUS (Attach additional pages if required)

Physical Examination:

Biomechanical Examination (includes, musculoskeletal exam, joint ROM, alignment):

Gender/Reproductive Health: _____ Healthy Male: _____ Healthy Female: _____

Vision: _____

Note, it is recommended that athletes seek to have a sport vision assessment



ALPINE CANADA ALPIN

Alpine Canada Alpin
Suite 302, 151 Canada
Olympic Road S.W.
Calgary, AB, T3B 6B7
T: 403-777-3200
E: info@alpinecanada.org

4. SUMMARY OF MEDICAL CONCERNS AND ACTION PLAN (Attach additional pages if required)

I hereby certify that this athlete is physically able to participate in all aspects of alpine and/or ski cross racing.

Physicians Signature

Date

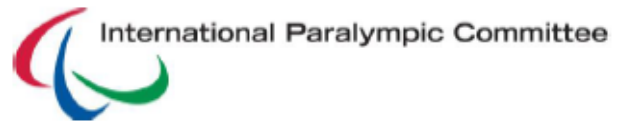
Physicians Name (please print)

Telephone

PLEASE ATTACH ANY ADDITIONAL INFORMATION

*** If you are injured throughout the season please inquire with your coach in relation to the FIS single penalty application process.*

iv. IPC Athlete Declaration
**IPC ELIGIBILITY CODE FORM
 ATHLETE**



National Paralympic Committee		Canadian Paralympic Committee	
NPC Code		Sport	Alpine
Family Name			
Given Name			
Date of Birth (DD/MM/YYYY)		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

I understand that as an athlete licensed to compete in IPC Competitions, I am participating in events which have ongoing international and historical significance, and as a condition of being licensed to compete and in consideration of the acceptance of my participation in IPC competitions I agree as follows:

- to be filmed, televised, photographed, identified and otherwise recorded during any IPC Competition, the IPC and anyone authorized by the IPC shall be entitled to keep these images and to use them for any purpose in relation to the promotion of the Paralympic Movement;
- that all photographs and moving images taken by me at any IPC Competition, including those of athletes competing within any official venue during these competitions, shall be used solely for personal and non-commercial purposes, unless prior written consent is obtained from the IPC;
- to comply with the IPC Handbook, the IPC Sports Technical Rules and Classification Rules of the sport in which I am participating, and any other rules or regulations that apply to my participation at an IPC Competition (hereinafter referred to as 'the IPC Sport Rules'). These documents can be found on or linked through the IPC website or can be obtained upon written request to the IPC Headquarters and I understand that I am deemed to have read and understood them;
- that my entries to IPC Competitions will be administered through my National Paralympic Committee (NPC) or IPC recognized National Sport Federation (if applicable);
- to accept the criteria of eligibility, qualification and participation laid down by the IPC for the various IPC Competitions;
- to abide by the principles of fair-play and non-violence and to behave myself accordingly during the IPC Competition;
- to comply with the IPC Anti-Doping Code and, in particular not to take, possess and traffic any substance or use methods prohibited by the applicable World Anti-Doping Code Prohibited List. I also agree that third parties, including law enforcement and border services agencies may share my personal information with the IPC to assist in the enforcement of the IPC Anti-Doping Code;
- not to participate or assist in any gambling or betting activities associated with any IPC event; specifically I will not bet on myself, my team or any competitor or opponent (whether to lose or win), I will prevent members of my family or friends from doing so, I will not share any performance information relating to competitors taking part in an IPC Event with anybody, and I will never accept money or any benefit in return for influencing the outcome of an event;

- to abide by all IPC rules and regulations for advertising, sponsorship display, propaganda and manufacturer trademarks on clothing and equipment for the IPC Competition; and
- consent to the collection and use of personal data and statistics in IPC approved research projects (e.g. athlete biographies questionnaires, filming, measures, medical encounters etc.) conducted during IPC Events.

ACCEPTANCE OF SPORTS TECHNICAL SUPREME AUTHORITY
 I recognize and accept that the sports technical rules, being all rules which relate to competition, field-of-play and classification, for my sport during any IPC Competition are under the authority of the IPC and that any disputes which arise shall be resolved by the IPC whose decision on such matters is final and enforceable.

I acknowledge and accept that decisions relating to the sports technical or classification rules are not subject to further appeal beyond the decision made in the sport-specific appeal processes as set out in the respective sports technical rules or classification appeal processes as set out in the classification rules applicable to the respective IPC Competition for which I am competing. I shall not institute any claim, arbitration or litigation, or seek any other form of relief in any other court or tribunal in relation to such decisions.

ACCEPTANCE OF BINDING ARBITRATION
 I acknowledge and accept that any dispute outside the realm of the sports technical rules arising during the IPC Competitions shall be submitted exclusively to the Court of Arbitration for Sport (CAS). Any such dispute shall be determined in accordance with the CAS Code for Sports-Related Arbitration, save for competitions covered by the CAS Ad hoc arbitration rules where I agree that the Ad hoc rules shall govern the procedure for dispute resolution. The decisions of CAS are final, non-appealable and enforceable.

ACCEPTANCE OF RISK AND RELEASE OF CLAIMS
 I acknowledge that I participate in the IPC Competitions at my own risk; I will take all reasonable measures to protect myself and other competitors, officials and spectators from suffering injury or other harm. I also acknowledge that I am responsible for all property I bring on to all IPC Competition sites and that the Local Organizing Committees and the IPC accept no responsibility for any loss or damage to such properties.

I release the LOCs, the IPC and their respective executive members, directors, officers, employees, volunteers, contractors or agents, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to my participation in any IPC Competitions

Signature of Athlete

Date

Printed Name of Parent / Legal Guardian
 (If applicable under national legislation)

Signature of Parent / Legal Guardian

Date

Brianne Law, Alpine Canada Alpin
 Printed Name of IPC Recognized
 National Sport Federation

Signature

07/01/2015
 Date and Stamp

2015-2016 SAIP Insurance FAQ



ALPINE CANADA ALPIN

SPORT ACCIDENT INSURANCE PROGRAM (SAIP)

Alpine Canada Alpin (ACA)



SPECIAL RISK ACCIDENT

Policy No: SRG 9144071
To Report a Claim: 1-877-317-8060 Local Claims Office (hours of operation 8.45am to 4.45pm EST)
 1-877-204-2017 US & Canada AIG Assist (24 hour)
 0-715-295-9967 Worldwide AIG Assist (24 hour / call collect) *

* If you have difficulty connecting from overseas, please reference International Calling Instructions from your NSO

Insurer: AIG Insurance Company of Canada
Insurance Broker: BFL CANADA Insurance Services Inc.
Policy Period: July 1, 2015 to July 1, 2016

Eligibility: All alpine, para-alpine and ski cross member athletes, managers, coaches and officials on record with ACA

Class 1: Mandatory for FIS/IPC licensed national & development athletes and coaches

Class 2: Mandatory for all International FIS/IPC licensed athletes and non-FIS/IPC athletes who travel outside of North America. Recommended for coaches and discipline officials who travel out of country.

Class 3: Mandatory for all Provincial FIS/IPC licensed athletes and recommended for non-FIS/IPC athletes, coaches and officials who travel outside of home province but who do not travel out of Canada.

Class 4: Mandatory for non-FIS athletes, coaches and officials who travel to the U.S. only, subject to travel approval

Class 5: Mandatory for non-FIS athletes, coaches and officials who travel to the U.S. only, subject to travel approval.

Scope of Coverage: Injury sustained by insured person while participating in ACA approved training, tour, competition, event plus travel to and from

Coverage:	Limit:
Principal Sum (All Classes)	\$25,000
Permanent Total Disability	\$25,000

Accidental Para-Medical Expense Reimbursement

*Combined Maximum \$15,000 / insured per accident

Nurse	\$5,000
Ambulance	\$10,000
Hospital (semi-private room)	Included
Rental of wheelchair, iron lung, or other equipment	\$5,000
Fees for services of licensed Physiotherapist (\$40/visit)	\$1,000
Chiropractor	\$5,000
Prescription Drugs	Included
Expense for hearing aid, crutches splints, casts, trusses, braces	\$750
Approved Specialist	\$5,000

Additional Benefits:	Limit:
Rehabilitation	\$15,000
Repatriation	\$15,000
Home Alteration / Vehicle Modification	\$15,000
Family Transportation	\$15,000
Fracture Indemnity	\$500
Emergency Taxi	\$50
Eyeglasses and Contact Lenses Benefit	\$200
Dentures or Bridgework	\$500
Special Transportation (per round trip)	\$150
Hotel Accommodation (per night)	\$50

Accidental Dental Expense Reimbursement

*Combined Maximum \$3,000 / insured per accident

This summary does not in and of itself provide coverage and it is subject to the terms and conditions which are set for in the policy. It is intended to provide basic details of coverage that are fully described in Master Policy No. SRG 9144071 on file with the Alpine Canada Alpin. In the event of any discrepancies, the actual policy will prevail.





ALPINE CANADA ALPIN

SPORT ACCIDENT INSURANCE PROGRAM (SAIP)



Alpine Canada Alpin (ACA)

OUT OF COUNTRY EMERGENCY MEDICAL

Policy No: SRG 9144072
 To Report a Claim: 1-877-317-8060 Local Claims Office (hours of operation 8.45am to 4.45pm EST)
 1-877-204-2017 US & Canada AIG Assist (24 hour)
 0-715-295-9967 Worldwide AIG Assist (24 hour / call collect) *

* If you have difficulty connecting from overseas, please reference International Calling Instructions from your NSO

Insurer: AIG Insurance Company of Canada
 Insurance Broker: BFL CANADA Insurance Services Inc.
 Policy Period: July 1, 2015 to July 1, 2016

Eligibility: All alpine para-alpine and ski cross member athletes, managers, coaches and officials on record with ACA

Class 1: Mandatory for FIS/IPC licensed national & development athletes and coaches (Maximum Trip Duration 60 Days)*

Class 2: Mandatory for all International FIS/IPC licensed athletes and non-FIS/IPC athletes who travel outside of North America. Recommended for coaches and discipline officials who travel out of country. (Maximum Trip Duration 30 Days)*

Class 3: Mandatory for all Provincial FIS/IPC licensed athletes and recommended for non-FIS/IPC athletes, coaches and officials who travel outside of home province but who do not travel out of Canada.

Class 4: Mandatory for non-FIS athletes, coaches and officials who travel to the U.S. only, subject to travel approval (Single Trip; Maximum Trip Duration 7 Days)*

Class 5: Mandatory for non-FIS athletes, coaches and officials who travel to the U.S. only, subject to travel approval. (Single trip; Maximum Trip Duration 14 Days)*

* Please contact ACA to arrange an extension for additional days out of country.

Scope of Coverage: Out of Country Emergency Medical Coverage while traveling outside of Canada and while participating in scheduled ACA approved and supervised training, tour, competition

Coverage:	Limit:
Lifetime Maximum Per Insured	\$1,000,000
Emergency Evacuation	\$100,000
Repatriation	\$25,000
Trip Cancellation	Included
Emergency Hospital Confinement	Included
Emergency Medical and Therapeutic Services	Included

Additional Accident Medical Benefits:

	Limit:
MRI	\$7,500
Nurse	\$5,000
Emergency Dental	\$2,000
Identification Benefit	\$5,000
Automobile Return	\$1,000
Family Transportation	\$15,000
Out of Pocket Expenses	\$1,500
Ground Transportation	\$5,000
Trip Cancellation	\$5,000

Out of Country Emergency Medical Coverage provides worldwide emergency assistance for CSA Insured Persons while on a Trip except where local conditions render such assistance not feasible. In the event of Injury or Sickness covered by this Group Blanket Policy requiring hospitalization, the Company must be notified within 48 hours from the time of incident or expense claims may be denied or only partially covered. In the event of a medical Emergency, Insured Persons or an individual acting on their behalf must call the Worldwide AIG Assist telephone number above.

This summary does not in and of itself provide coverage and it is subject to the terms and conditions which are set for in the policy. It is intended to provide basic details of coverage that are fully described in Master Policy No. SRG 9144072 on file with the Alpine Canada Alpin. In the event of any discrepancies, the actual policy will prevail.



v. Certificate of Insurance Request



ALPINE CANADA ALPIN

REQUEST FOR SANCTION OR CERTIFICATE OF INSURANCE

Please send requests to Ashlie Avoledo at aavoledo@alpinecanada.org and allow 2 weeks for turnaround.

Description of sanctioned event/activity:

Event/Activity Date:

Is this event/activity part of the Calendar? YES NO

If no, please explain

Which Club/Division is to receive the sanction for the event?

Event is under the control and direction of (person's name and the club/organization he/she belongs to:

Location of the Event/Activity (include provincial address)

Has ski area or other requested a certificate of insurance? YES NO

Has Certificate Holder specified a Limit of Liability? YES Limit Required \$ NO

Certificate Holder:	Add as additional insured:
Venue Operator(s) e.g.ski resort, training facility, etc.(provide full legal name and address)	
<input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/> YES
<input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/> YES
<input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/> YES
<input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/> YES

If parties other than the certificate holder (not CSA members) are requesting to be added on as Additional Insured, please attach a list of names including description of their involvement in the event.

Requested by: CSA Discipline **Alpine Canada Alpin**

Date: _____ Telephone No: _____ Email : _____

YYYY-MM-DD

\$30 Admin fee charged to Club and or Division requesting Cert
 Payment must be received by ACA prior to sending out Cert

vi. Out of Country Training Sanction Request



CANADIAN SNOWSPORTS ASSOCIATION

202 – 1451 West Broadway, Vancouver BC, Canada V6H 1H6

Out of Country Training Sanction Request

Please note: In order for your training to be covered under the CSA Liability Insurance Program, the CSA Discipline and the CSA must approve all out of country training. All groups training outside of Canada must fill in all requested information below. Any athlete travelling outside Canada must have appropriate SAIP insurance before departure. SAIP Class 4 (7 day coverage) or 5 (14 day coverage) is valid for non-FIS athletes for U.S travel, with SAIP Class 2 for all other international travel.

- 1) Club/Team Name:
- 2) Prime Contact Name and Contact Information:
Name:

Email:

Phone:

Mailing Address:

- 3) Country of Travel:
- 4) Dates of Travel:
- 5) Number of Athletes:
- 6) Number of Coaches, Trainers, Service Persons:
- 7) Age range of athletes traveling:
(Please note all participants must have proof of out of country accident insurance)
- 8) Specific Destination: *(Please include ski area legal name)*
- 9) Description of on-hill medical & rescue services provided:

- 10) Medical qualifications of any Team Staff traveling and on-hill personnel:
- 11) Availability of ALS/ACLS trauma support:

- 12) Location of nearest trauma facility:
 - a) *Town and distance from ski area:*

 - b) *Evacuation method to reach this trauma facility:*
- 13) Please provide local medical support contacts:

Forms must be submitted for approval two (2) weeks prior to departure