



2014 Skate Canada Challenge
2014 Canadian Figure Skating Championships
Form must be fully completed.

Registration Forms – Men and Women (On-line Skater Profile must also be updated to complete registration.)

Name of Athlete	
Category of Athlete (e.g. Pre-Novice Dance)	Section Representing
E-mail address	Phone number

WAIVERS

PUBLICITY WAIVER

The undersigned hereby acknowledges and consents to the fact that the 2014 Skate Canada Qualifying and Championship events may be broadcast either in whole or in part for showing on a world-wide basis. The undersigned athlete hereby consents to the use of his or her performances, name, biography and likeness on or in connection with any television or radio program, video/DVD, web streaming, web archiving, print media or the advertising and publicizing of such program as may be designated by Skate Canada and waives all rights to remuneration or otherwise in connection with the above.

The foregoing is subject to assurance that the eligible status of the athlete will be fully protected by Skate Canada.

LIABILITY WAIVER

The undersigned understands, acknowledges and agrees that Skate Canada shall not be liable for injury or loss occasioned by the athlete while travelling to or from or during the 2014 Skate Canada Qualifying and Championship events nor shall Skate Canada be responsible for any damages or losses caused by the athlete during the same time. The undersigned athlete and/or athlete's parent(s)/legal guardian agrees to indemnify Skate Canada and hold it harmless from any claims or demands in respect of such loss or damage.

CALCULATION OF RESULTS WAIVER

The undersigned understands, acknowledges and agrees that there is a possibility of human error in the calculation and posting of results.

RULES OF CONDUCT

Any athlete participating in the 2014 Skate Canada Qualifying and Championship events must read, understand and agree to the Skate Canada Rules of Conduct prior to participation. Such agreement shall be in writing and shall be for the duration of the event. Athletes receiving financial assistance from Skate Canada, the Skate Canada Athlete Fund participating in the 2014 Skate Canada Qualifying and Championship events, must agree to Skate Canada Rules of Conduct prior to participation. Such agreement shall be in writing and shall be for the duration of events or financial assistance term.

1. If an athlete desires to appeal any personal application of the Skate Canada Rules of Conduct, an appeal may be filed within 24 hours with the President. Such an appeal will be immediately investigated and the findings there from will be binding.



2. Athletes agree that:
- a) There will be no use of medical drugs listed on the Canadian Centre for Ethics in Sport banned substance list in force at the time. Athletes must be aware and familiarize themselves with the Canadian Centre for Ethics in Sport banned substance list and the Skate Canada Anti-Doping Policy (See Skate Canada Rulebook or website.)
 - b) Athletes under the age of 19 will not possess or use alcohol or tobacco in any form.
 - c) Athletes over the age of 19 will not possess or use alcohol or tobacco in any form within the immediate area of a competition housing, ice surface or competition site and will not supply such substances to others.
 - d) Any damage to property shall be assessed to the account of the occupants.
 - e) Athletes shall conduct themselves at all times in a reasonable and acceptable manner.
Unacceptable behaviors shall include:
 - i) Unsportsmanlike conduct
 - ii) Willful damage to property
 - iii) Committing any act which is considered an offense under any duly promulgated law.
3. Contravention of these guidelines is sufficient grounds for an athlete to be sent home at his/her own expense and/or loss of financial assistance through the Skate Canada Athlete Fund.
4. Contravention of these guidelines will be dealt with by Skate Canada which shall implement such action as necessary for just cause. Such infractions of the above could lead to a temporary or lifetime suspension of competitive activity.

I, the undersigned, hereby certify that I have received a copy of the above Skate Canada Waivers and Rules of Conduct and have read and understood and agree to such Skate Canada Waivers and Skate Canada Rules of Conduct. I agree to conform to the Skate Canada Rules of Conduct for the term involved in the 2014 Skate Canada Qualifying and Championship events in which I am competing.

To be signed by athlete and parent/guardian if athlete is under 19 years of age.

Athlete #1 Signature _____ Date _____

Parent/Guardian #1 Signature _____ Date _____

Witness #1 Signature _____ Date _____



MEDICAL HISTORY (submit one per athlete)

FORM MUST BE FULLY COMPLETED

ATHLETE'S NAME _____ DATE _____

DATE OF BIRTH(mm/dd/yy) _____ AGE _____ EMAIL ADDRESS _____

PARTNER'S NAME (if applicable) _____ CATEGORY(IES) _____

SECTION REPRESENTING _____

EMERGENCY CONTACT NAME _____ DAYTIME PHONE _____

EVENING PHONE _____ ALTERNATE PHONE _____

FAMILY PHYSICIAN NAME _____ PHONE # _____

PROVINCIAL HEALTH CARD* _____

(Number)

(Version Code)

(Province)

Medical doctors' services on site are covered by the provincial health plans and will require a valid health card. Please bring your health card to the medical room when you require service or provide us with the information on this registration form and we will ensure that the medical clinic has it.

Please print clearly (If you have answered yes to any of question please state the diagnosis, treatment you have received or are receiving and if you have been cleared to skate.)

MEDICAL HISTORY SUMMARY	Yes/No (circle one)	If yes, describe
Do you know of any health reason why <u>you</u> should not participate in any skating event?	YES / NO	
In the last year, has a doctor ever denied or restricted your participation in sports for any reason? If yes, why and for how long?	YES / NO	
Have you had any surgery in the last 12 months?	YES / NO	
Have you been diagnosed with a fracture, stress fracture or other bone injury in the last year?	YES / NO	
Has a doctor ever told you that you have heart or circulatory problems? (e.g. murmur, palpitations, irregular heart beat, high blood pressure, etc.)	YES / NO	
Were you born without or have suffered the loss of a lung, kidney or other organ? If yes, what organ?	YES / NO	
Are you currently taking any medication? If yes, please list.	YES / NO	
Are you currently pregnant?	YES / NO	
Are you currently wearing any type of protective equipment or bracing for any existing injury or condition (e.g. knee brace, helmet, etc.)? If yes, please list.	YES / NO	



SKATECANADA

MEDICAL HISTORY SUMMARY	Yes/No (circle one)	If yes, describe
Do you have any allergies? If yes, please specify.	YES / NO	
Have you ever had an anaphylactic reaction? If yes, what was caused the reaction?	YES / NO	
Do you carry an EPI pen?	YES / NO	

Upon submission of this form any changes to the information on this form including change in medical condition, must be identified immediately to Sherry-Lyn Zuro, Manager, Events (slzuro@skatecanada.ca or 1-888-747-2372, 2570)

COMMENTS: _____

MEDICAL WAIVER

I, _____ (the undersigned), hereby agree that the relationship between myself and any attending physician, therapist or allied medical personnel in connection with the competition shall be governed by and constructed in accordance with the laws of the Province in which the competition is being held.

I acknowledge that the treatment/service performed in the Province in which the competition is being held and that the Courts of the Province in which the competition is being held shall have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising from the treatment. I hereby agree that I will commence any such legal proceedings in the Province in which the competition is being held and only in that Province in which the competition is being held and hereby submit to the jurisdiction of the Courts of the Province in which the competition is being held.

I hereby state that, to the best of my knowledge, all of the answers on the preceding Medical History form are correct.

I have fully read and understood and agree to this waiver form.

Signature of Athlete

Date

Signature of Parent/Guardian at competition (if athlete is under 19 years of age)

Date

Signature of Witness

Date