



CADS Alberta Zone-Club Competition Program 2018-19 Athlete Agreement

I, _____, as a competition participant with a CADS Alberta Alpine/Snowboard Zone-Club Competition Program agree to adhere to this Code of Conduct and all other policies, rules, regulations, bylaws and the following terms and conditions of CADS-Alberta:

- Current CADS-Alberta Membership;
- Be in good standing relative to Team Fees, administered through the Zone-Club;
- Compete and participate within the rules of CADS-Alberta, Alpine Canada Alpin (ACA), Alberta Alpine Ski Association (AASA), Canada Snowboard (CS), Alberta Snowboarding Association (ASA);
- Avoid the use, advocating, condoning, promotion and distribution of banned substances, cases and methods as outlined in the handbook on Drug Classification published by the Centre for Ethics in Sport;
- Refrain from using tobacco products within the competition arena and/or competition area;
- Refrain from using alcohol at all events or in victory celebrations at the competition site;
- Refrain from using profane, insulting, harassing or otherwise offensive language in the context of the activities of the program;
- Address fellow athletes, coaches, officials, volunteers, event organizers, spectators and others associated with CADS/ACA/AASA/CS/ASA in a courteous and respectful manner;
- Avoid providing alcohol to under age individuals;
- Act in a manner that will bring credit to the racing community and yourself, both within and outside the competition arena and/or competition area;
- Respect an individuals' dignity; verbal or physical behaviours that constitute harassment or abuse are unacceptable. (Please refer to the CADS-Alberta Harassment Policy);
- Completely abide by coaching requirements;
- Ensure the safety of others when taking part in your program.

I acknowledge that a breach of any of the above mentioned points may result in my immediate suspension/dismissal from the Alberta Alpine Racers, and/or suspension/termination of my membership in CADS-Alberta.

Date: _____

Athlete Signature: _____ Name (print): _____

Guardian Signature: _____ Name (print): _____
(for athletes under 18 years of age)



ATHLETE INFORMATION & MEDICAL FORM

PERSONAL INFORMATION

Please print information in the boxes below.

Name

Address

City

Prov.

Postal Code

Home Phone

Work Phone

Birthdate

Alberta
Healthcare

Out of Country
Healthcare # and
contact
information

EMAIL

EMERGENCY CONTACT(S)

Please print information in the boxes below.

Name

Relationship

Phone Numbers

Name

Relationship

Phone Numbers

MEDICAL CONTACTS

Family

Doctor

Phone

Numbers



MEDICAL HISTORY

Is the athlete on any regular medication?

No Yes, please give name and dosage, if necessary, attach another page.

Is the athlete allergic to any medication, foods, materials, etc.?

No Yes

Does the athlete have seizures?

No Yes, please explain the best way to handle the athlete after a seizure:

Does the athlete have any medical conditions that coaches should be made aware of?

No Yes, please explain:

Athlete Signature _____ Date _____

Parent Signature _____ Date _____
(if athlete is under 18 years of age)

This page to be completed by a medical doctor.

I, _____, confirm that I have examined _____
and confirm that he/she is fit to participate in CADS-Alberta Provincial Alpine Team
programming and activities.

Doctor's Signature _____ Date _____