

*Squash BC's Training Squads
Athlete Agreement, Waiver & Information*

BETWEEN: **Squash BC,** (The "Association")

AND: _____ (The "Athlete")

WHEREAS the Association is responsible for the administration of the sport of Squash in British Columbia, and for the operation of all Training Squads, or any Squash BC Team, to develop and improve targeted squash player's skill set which will enable them to achieve their personal goals at both the national and international levels;

AND WHEREAS the athlete has been targeted, selected to, and wishes to be an active participant in the Association's Squads/Teams Program;

AND WHEREAS the Association and the Athlete recognize the need to clarify the relationship between them by establishing their respective obligations;

THE ASSOCIATION AND THE ATHLETE AGREE:

1 OBLIGATIONS OF THE ASSOCIATION

In carrying out this Agreement the Association shall:

- 1.1** Select, organize and operate groups of athletes, coaches and other necessary personnel to improve the athlete's skill level and enable him/her to compete successfully at both the provincial and national levels;
- 1.2** Establish, publish and communicate criteria for the selection of Targeted Athletes to the Squash BC Squads Program. Policies of these programs can be found in the "Player Development" policies at <http://www.squashbc.com/squash-bcs-policies-procedures/>
- 1.3** Provide the Targeted Athletes with all relevant information pertaining to the Squash BC Squads Program on a timely basis;
- 1.4** Make available to the Targeted Athlete coaching expertise and administrative support in accordance with the budget and policies of the Association;
- 1.5** Provide available funding for the Targeted Athlete to participate in training camps and other events that are part of the requirements to be on a squad;
- 1.6** Provide the Targeted Athletes with Sports Training and Nutrition information at the camp(s) to enhance and support their training and development.
- 1.7** Shall comply with the Squash BC Privacy Policies.

2 OBLIGATION OF THE ATHLETE

In carrying out this Agreement the Targeted Athlete shall:

- 2.1** Be a member in good standing of Squash BC;
- 2.2** Familiarize themselves with the policies of the Training Squad found in the "Player Development" document on this web page. <http://www.squashbc.com/squash-bcs-policies-procedures/>
- 2.3** Identify performance objectives at the start of each competitive season in cooperation with the Training Squads/Teams of Squash BC;
- 2.4** Commit himself or herself to the achievement of such performance objectives by:
 - a** Following a training program approved by his or her own personal coach;
 - b** Maintaining regular contact with the Squads Committee of Squash BC;
 - c** Developing and maintaining a satisfactory fitness level;
 - d** Participating in sport science tests/technical testing as required; and
 - e** Completing field tests as required
- 2.5** Attend all squad training camps as required by the Training Squads/Teams Committee of Squash BC;
- 2.6** Play in all the tournaments as required by Training Squads/Teams Committee of Squash BC
- 2.7** In all squash events, wear approved eye-guards as per [Squash Canada Policy](#).
- 2.8** At the earliest possible date, notify the Training Squads Committee of Squash BC in writing of any injury or other legitimate reason which will prevent the Athlete from fulfilling any obligations under this Agreement; Squash BC reserves the right to appoint its own physician to examine an athlete who applies for an exemption due to illness or injury;
- 2.9** Comply with the Squash Canada's Anti-Doping Policies and submit to announced and unannounced doping control testing, both during and outside of competition;
- 2.10** In all competitions and events, comply with the Squash BC's and Squash Canada's Code of Conduct.

3 DURATION OF AGREEMENT

- 2.11** This Agreement shall be in effect from August 1st till July 31st for each playing season. Forms signed in June or July will be in effect for 13 or 14 months. Forms signed after August 1st will be in effect till the next July 31st or a new form is signed.

**FAILURE TO MEET THE TERMS OF THE TRAINING SQUAD/TEAM CRITERIA
MAY RESULT IN TERMINATION FROM THE SQUAD/TEAM.**



SQUASH BC TRAINING SQUADS ATHLETE AGREEMENT

WAIVER AND RELEASE OF LIABILITY:

I hereby authorize my child's participation in this program. I know of no mental or physical problems that may affect my child's ability to participate safely in this program. I am aware that squash, and the Training Squads, by their nature, involve a certain element of risk which involves a potential for bodily injury. These may include but are not limited to, self-inflicted injuries, injuries occurring when colliding with other athletes while on court, being struck with a racquet or ball, training injuries that occur within the off court training program or any other activity that improves an athlete's skill level within the fitness, technical or mental training aspects of the sport of squash.

In consideration of being permitted to participate in the Squash BC Training Squads, on behalf of myself, my family, my heirs, executors, and administrators, I hereby waive and release any and all claims, demands, damages, actions or causes of action of every nature or kind against Squash BC, Squash BC Training Squads Coaches, Squash BC Training Squads Committees, the owners and/or operators of the facility or facilities in which the said Training Squads events are being held, and any of their employees, agents, instructors, coaches or assigns, in respect to my participation, or my child's participation in the Training Squads including activities not directly related to participating therein, and travel to or from the said facility or facilities and including, without limiting the foregoing, any negligence, acts or omissions of Squash BC, Squash BC Training Squads Committees, their employees, agents, instructors, coaches or assigns.

By signing below the signers agree to Squash BC's Training Squads Programs and Wavier that will run from the date this agreement is signed by the athlete and parent till the next July 31.

As the athlete, I acknowledge the element of risk in squash and by signing below agree that I have read and understood the risks and the program and agree to the obligations required as stated in policy to participate in the Squash BC Training Squads Program.

Print Name of Athlete

Signature of Athlete

Date

As the parent/guardian of the athlete above, I acknowledge the element of risk in squash and by signing below agree that I have read and understood the risks and the program and agree to the obligations required as stated in the policy to permit my child to participate in the Squash BC Training Squads Program.

Print Name Parent / Guardian

Signature Parent / Guardian

Date

Print Name of Squash BC Rep

Signature of Squash BC Rep

Date



SQUASH BC TRAINING SQUADS ATHLETE AGREEMENT

Athlete Information Squash BC Training Squads

Athlete Information for which squash playing year? _____

Athlete Information:

Name _____ E-Mail _____

Home# _____ Mobile Ph _____

Birth date (YYYY/MM/DD) _____

Address _____

City _____ Postal Code _____

Mother's Information:

Name _____ E-Mail _____

Home Ph _____ Mobile Ph _____

Father's Information:

Name _____ E-Mail _____

Home Ph _____ Mobile Ph _____

Athlete's Current Coach's Information:

Name _____ E-Mail _____

Home Ph _____ Mobile Ph _____



SQUASH BC TRAINING SQUADS ATHLETE AGREEMENT

Athlete Medical Information Squash BC Training Squads

For use by Squash BC squad coaches only, all information shall be kept confidential.

Medical Information for which squash playing year? _____

Athlete Medical Information:

Name _____

Care Card# _____

Has the athlete had any of the following? (please choose yes/no)

Asthma or Bronchitis _____

Heart condition _____

Diabetes _____

Severe headaches _____

Fits, fainting, or blackouts _____

Allergies to any known medication _____

Any other allergies _____

Travel sickness _____

Taking medication _____

If the answer to any of these questions is yes, please give details:

Please list any pertinent medical information regarding past injuries, medical history, or suggested limitations relating to the athlete's ability to participate in the Squash BC Squads Program.

If any of the above conditions change, the Squash BC Training Squads Committees must be advised in writing, so that the information can be attached to the athletes file.