

Small Sided Soccer Referee Clinic

BC Soccer



ISPARC
Indigenous Sport,
Physical Activity & Recreation Council

VANCOUVER ISLAND REGION
kleming@isparc.ca

Cowichan Tribes Gymnasium Si'em Lelum & Soccer Fields

5574 River Road, Duncan

Saturday, June 24th

9am – 4pm

The Small Sided Referee Clinic is the basics of refereeing and is offered to individuals who are no less than 12 years of age. Once an individual is successful in passing this clinic, they are classified as a Small Sided Referee and may officiate in any match with players between U-6 and U-12.

Pre-requisite: Minimum 12 Years Old (*Youth Athletes, 12 - 15 we are requesting that they be accompanied by a coach, parent or support person that will be taking the training*)

The cost of the clinic is covered via I-SPARC when registering using code provided to you by Dano Thorne or Kim Leming! Otherwise you will have to pay when registering online.

Deadline to Register is June 8, 2017

We need at least 15 people to register for this clinic.

Please send us the details below in an email:

- ✓ Full Legal Name
- ✓ Date of birth
- ✓ Mailing Address / Postal Code
 - ✓ Phone (Day)
 - ✓ Phone (Cell)
- ✓ Valid & Working Email

Contact Information to Register or Receive Codes to Register:

Kim Leming | kleming@isparc.ca

Dano Thorne | Dano.Thorne@cowichantribes.com



BCAAFC
BC ASSOCIATION OF ABORIGINAL
FRIENDSHIP CENTRES



First Nations Health Authority
Health through wellness

**Indigenous Sport, Physical
Activity & Recreation Council**

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ASSUMPTION OF RISK AND INFORMED PHOTO RELEASE CONSENT

FOR Small Sided Referee Clinic PARTICIPANTS

This section must be completed by all program participants over the age of 18, or by the parents/legal guardians of participants aged 18 or under. Please read and complete the information presented below.

ASSUMPTION OF RISK

Please check off one of the following:

- As a participant over the age of 18, I understand and acknowledge the following:
- As a parent/legal guardian of a participant aged 18 or under, I understand and acknowledge the following:

In consideration of my participation, or my child's participation in this program and all of its related activities, I acknowledge and I am aware of, appreciate, and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with participating in this program. This includes the possible risk of severe or fatal injury to me, my child or others. I understand that the inherent risks of sport and physical activity cannot be eliminated without jeopardizing the essential qualities of sport and physical activity. I have reviewed all of these risks, I understand them, and I still desire to participate in the program.

ACKNOWLEDGEMENT OF RESPONSIBILITIES AND CONDITION OF REGISTRATION

Please check off one of the following:

- As a participant over the age of 18, I understand and acknowledge the following:
- As a parent/legal guardian of a participant aged 18 or under, I understand and acknowledge the following:

1. I/my child will follow all the instructions and rules given by those responsible for, or, in charge of this program and all of its related activities while I am/my child is participating in this program. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire program and participants.
2. I/my child will obey all the rules and regulations pertaining to this program and all of its related activities.
3. To the best of my knowledge I am/my child is physically and mentally able to participate in all activities of this program.
4. I/my child will wear full protective equipment demanded by the activity and that the equipment brought to the program meets or exceeds all minimal CSA or sport governing body standards.
5. If an injury occurs, I give permission to Partners Council staff and/or adult leader in charge to provide emergency first aid treatment and transport or arrange emergency transportation for me/my child to a medical facility for emergency treatment.

COMMUNICATION, MEDIA RELEASE AND PRIVACY OF INFORMATION:

I hereby grant to the Partners Council, BC Aboriginal Association of Friendship Centres (BCAAFC), or affiliated bodies the right to use, without payment of any fee or charge, any written information (excluding information contained on a Medical Form), photograph, video, or other visual media of myself/my child, or program participant taken during the program activities for the purpose of furthering the Partners Council or BCAAFC objectives.

I understand that the Partners Council and BCAAFC respect the privacy and personal information of all participants and that they will collect a limited amount of personal information for the purpose of carrying out their responsibilities as a facilitator of sport, recreation and physical activity programs. I am consenting to the collection of this information and its use by the Partners Council and BCAAFC for the purposes related to various events/programs throughout the year and to communicate to me about future events and activities.

FOR PARTICIPANTS OVER THE AGE OF 18 ONLY

I agree to **HOLD HARMLESS AND INDEMNIFY** the BCAAFC, as the host organization of the Partners Council, the organizers and/or its agents from any and all actions, claims, demands, losses, judgments or costs of any nature to any third party resulting from my association with the BCAAFC and Partners Council sanctioned event and I agree not to make any claims or take any proceedings against any person, society, corporation or other legal entity who might claim contribution or indemnity from BCAAFC, the organizers and/or its agents in respect of matters which are subject of this Release. I agree that this Release shall bind my heirs, executors, administrators and assigns.

Participants Initials: _____
(Please type initials in the space provided)

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I understand, appreciate and accept the risks associated with my participation or my child's participation in this program and all of its related activities.

Participant's Name

Parent/Legal Guardian's Name

(Please type name in the space provided)

(Please type name in the space provided)

Date: _____
(Please type date in the space provided)

Participant's Location (city, town, community): _____
(Please type location where you are completing this form in the space provided)



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