



THE ROYAL CANADIAN LEGION
SASKATCHEWAN COMMAND
3079-5th AVENUE, REGINA, SASK. S4T 0L6
Phone (306) – 525-8739 Fax (306) 525-5023



MARCH 2010

CIRCULATION:

Command Officers
Zone Commanders/Deputies
Branch Secretaries
Regina High Schools Assoc.

Saskatchewan Athletics
Ladies Auxiliary Branches
Camp Committee
Saskatoon Board of Education

Dear Sirs & Ladies:

RE: THE ROYAL CANADIAN LEGION, TRACK AND FIELD PROGRAM 2010

Again this year, The Royal Canadian Legion, with support from the Ladies Auxiliary is conducting its *Annual Track and Field Clinic at the UNIVERSITY OF SASKATCHEWAN, SASKATOON, SASK. June 30-July 4, 2010.* This will be a co-ed camp with both Girls and Boys attending at this time.

The program is open to any Girl or Boy born 1993-1997 inclusive, still attending School. The Registration fee is **\$330.00 (Three Hundred and Thirty Dollars)** per student – **NON REFUNDABLE**, payable with the application. If accepted, a **\$100.00 ADMINISTRATION FEE WILL BE CHARGED FOR ANY CANCELLATIONS** prior to camp. No refunds once camp has started. **GST IS ALREADY INCLUDED IN THE FEE!** The registration fee includes meals and accommodation and students must remain on campus for the entire week!

Enclosed you will find a Poster. Please have it posted where students will see it. Also, application forms and medical forms. These are important documents and it is imperative that all details be completed. The information provided will be treated as strictly confidential.

The Head Coach this year is Darryl Isbister and he will have a group of qualified coaches to provide instruction. An interesting and challenging timetable is being planned for those attending. Some specialization in events of your choice will be provided.

Again, a feature of this year's Clinic will be the selection of a team of Boys and Girls to attend the National 15 & Under and 17 & Under Track and Field Meet and Clinic in Ottawa, Ontario, August 4th to 10th, 2010. A fee of \$100.00 per athlete will be assessed once the team selection has been made, but all other expenses involved in attending this clinic will be paid by Provincial Command, Dominion Command and Saskatchewan Athletics. **ATHLETES CHOSEN TO ATTEND THIS NATIONAL CAMP WILL DEPART TOGETHER AS A TEAM FROM SASKATOON AND RETURN TOGETHER AS A TEAM TO SASKATOON. FLIGHT TICKETS WILL BE PRE-ARRANGED AND NO CHANGES OR SPECIAL PROVISIONS WILL BE ALLOWED!**

.....SEE PAGE 2

Any Parent, Guardian, Legion Branch, Auxiliary, Service Club, Recreation or Sports Organization, Church Group, Lodge Group, or anyone else, may sponsor a student to the clinic. The Advisory Committee suggests that a portion of the registration fee be paid by the Athlete and his/her parents so as to give them some responsibility in the sponsorship. If your Branch is unable to sponsor a student, please pass this material along to another group.

100 Girls and 100 Boys will be accepted at the camp. The camp will run 5 days for the entire group. We trust your Branch will make every effort to have young people from your area apply and attend. Should you require more posters or application forms, please drop us a line.

This Legion program has been sanctioned by Saskatchewan Athletics and their staff will be assisting at this camp.

THE PLACE: THE UNIVERSITY OF SASK. SASKATOON, SASK.
THE DATES: June 30 – July 4, 2010
THE EVENT: The Royal Canadian Legion, Track and Field Camp
THE THEME: Fun and Fitness Through Instruction

Branches and Auxiliaries:

Please ensure that your sponsorship of athletes is approved long before the cut off date.

NO APPLICATIONS ACCEPTED AFTER JUNE 16th, 2010!

Phil Devonshire
Camp Director

/dg
Encl.



THE ROYAL CANADIAN LEGION, TRACK AND FIELD CAMP
THE UNIVERSITY OF SASK. SASKATOON, SASK. JUNE 30-JULY4, 2010
CO-ED, BORN 1993 – 1997 INCLUSIVE, STILL ATTENDING SCHOOL

APPLICATION FORM

NAME IN FULL(PRINT).....SEX.....
(Surname) (Given Name)

ADDRESS.....POSTAL CODE.....
(Street or Box Number) (Town)

HOME PHONE.....SCHOOL (AS OF JUNE 1ST,2010).....GRADE.....

DATE OF BIRTH...../...../.....HEIGHT.....WEIGHT.....
(Day) (Month) (Year)

ENTRY FEE PAID BY SELF: \$.....
ENTRY FEE PAID BY ORGANIZATION \$.....NAME.....

DO YOU BELONG TO A TRACK AND FIELD CLUB?.....SASK.ATHLETICS REG.#.....

NAME OF CLUB.....NAME OF COACH.....

DO YOU PARTICIPATE IN A SCHOOL TRACK AND FIELD PROGRAM?.....

NAME OF COACH.....

PREFERENCES:

Sprints..... Throws.....

Jumps..... Distance.....

HAVE YOU ATTENDED OUR CAMP BEFORE?..... WHAT YEAR(S)?.....

Since this Clinic is limited to 100 Girls and 100 Boys, please apply early!

Return applications to: The Royal Canadian Legion, Saskatchewan Command
3079-5th Avenue, Regina, Sask. S4T 0L6 Phone (306) 525-8739 Fax (306) 525-5023
PRIOR TO JUNE 16TH, 2010.

ENCLOSE REGISTRATION FEE OF \$330.00 AND MEDICAL FORM!

PLEASE MAKE CHEQUES PAYABLE TO: THE ROYAL CANADIAN LEGION-SASK.COMMAND

**NO APPLICATION WILL BE ACCEPTED
AFTER THE CUT-OFF DATE OF JUNE 16TH, 2010**


.....SEE OVER TO PAGE 2


If selected, are you able to attend the National Track and Field Meet and Clinic in Ottawa, Ontario August 4-10, 2010. PLEASE NOTE: A team fee of \$100.00 per athlete will be assessed upon selection of the team. YES..... NO.....

NOTE: IF ACCEPTED TO ATTEND THE NATIONAL CAMP, NO CHANGES WILL BE ALLOWED TO THE PRE-DETERMINED FLIGHT ARRANGEMENTS – THE TEAM DEPARTS TOGETHER AND RETURNS TOGETHER.

REGISTRATION FEE \$330.00 PER ATHLETE (GST INCLUDED) – NON REFUNDABLE – MUST ACCOMPANY APPLICATION FORM! AN ADMINISTRATION FEE OF \$100.00 WILL BE CHARGED FOR ANY NECESSARY CANCELLATIONS!!

THE REGISTRATION FEE AND COMPLETED MEDICAL FORM MUST ACCOMPANY THE APPLICATION BEFORE ACCEPTANCE IS GRANTED. PLEASE ENSURE THAT THE MEDICAL FORM IS COMPLETED IN EVERY DETAIL AND CONTAINS A COPY OF YOUR HOSPITALIZATION CARD AND REQUIRED SIGNATURES!!

 DATESIGNATURE OF ATHLETE

 SIGNATURE OF PARENT OR GUARDIAN.....

Travel arrangements: If you are arriving by bus, and you would like to be picked up at the Bus Depot in Saskatoon, you MUST let us know one week prior to the opening of Camp and we will have you picked up at the Bus Depot.

PARENTS OR GUARDIANS: If not at home during the Camp, indicate where you can be contacted or indicate another contact:

NOTE: ATHLETES WILL NOT BE ACCEPTED AT THE CAMP WITH EXISTING INJURIES

NOTE: THE REGISTRATION FEE COVERS MEALS AND ACCOMMODATION AND THE ATHLETES MUST REMAIN ON CAMPUS FOR THE ENTIRE WEEK.

NOTE: APPLICATION AND MEDICAL MUST BE SIGNED BY APPLICANT AND PARENT OR GUARDIAN IN THE APPROPRIATE SPACES PROVIDED. PLEASE CHECK THE FORMS TO ENSURE THAT THIS HAS BEEN DONE BEFORE SUBMITTING TO OUR OFFICE. ALSO ENSURE THAT THE REGISTRATION FEE OF \$330.00 IS ENCLOSED ALONG WITH A COPY OF YOUR SASK. HOSPITALIZATION CARD.

REMEMBER!
NO APPLICATION WILL BE ACCEPTED
AFTER THE CUT-OFF DATE OF JUNE 16TH, 2010
PLEASE NOTE: \$15.00 WILL BE CHARGED ON ALL N.S.F. CHEQUES!

THE ROYAL CANADIAN LEGION, SASKATCHEWAN COMMAND
3079 – 5TH AVENUE, REGINA, SASK. S4T 0L6
PHONE (306) 525-8739 FAX (306) 525-5023

PROVINCIAL TRACK AND FIELD PROGRAM

PARENTAL CONSENT/PERSONAL HEALTH RECORD FORM

(This form must be completed in every detail and **attached** to the **Camp Application form**. The medical portion contains 4 pages. (Please ensure that you have also attached a copy of your valid Sask. Hospitalization Card.)

(PRINT PLEASE)

NAME OF ATHLETE: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE _____

PHONE NO.: _____ DATE OF BIRTH: Day _____ Month _____ Year _____

Email Address: _____

PROVINCIAL HEALTH CARD NO./EXPIRY DATE: _____

(PLEASE NOTE: A COPY OF YOUR HEALTH CARD MUST BE ATTACHED TO THIS APPLICATION FORM)



DATE OF LAST COMPLETE MEDICAL CHECKUP: _____

If not available at the above address and phone number during the camp, please provide the address and phone number where a parent or guardian may be reached.

PARENT OR GUARDIAN:

ADDRESS: _____

PHONE NO.: _____

The parent or guardian is assuming full responsibility for the applicant's health being such that athletic activities will in no way aggravate any conditions present. It is assumed that the parent will know their child's condition or seek competent advice before completing the form.

If for any reason, the athlete's medical status changes after this form has been signed and your permission should be withdrawn or changed, the parent/guardian is obligated to notify the Provincial Command Office at (306) 525-8739 or Fax (306) 525-5023 in Regina.

List any illness or disability, including allergies, which might affect the applicant's ability to perform at this event:

TRACK AND FIELD PROGRAM – TREATMENT WAIVER FORM

A variety of therapeutic services may be provided for the athletes attending a Legion Provincial and/or National Track and Field Competition. The therapists may be student therapists that are completing clinical hours as part of their educational program.

The athletes may wish to receive treatment before their events to limber up their muscles or following their event to cool down and prevent lactic acid build up in their limbs.

The student therapists will be supervised by registered therapists at all times and the treatment will be performed through clothing or directly on skin on areas already exposed (i.e. legs, arms etc.)

In order for an athlete to be eligible for these services, the following form must be completed, signed and provided to the Legion Provincial Command for which the athlete is representing:

NAME OF ATHLETE:

_____ (FIRST) _____ (Last)

PHONE NUMBER (_____) _____

DO YOU HAVE ANY CONDITIONS(S) THAT WE SHOULD BE AWARE OF, IE. DIABETES, CANCER, PHLEBITIS, OR HIGH BLOOD PRESSURE?

Yes No

ARE YOU TAKING ANY MEDICATION:


Yes No


If yes, please inform your student therapist and/or supervisor as certain conditions may make it inadvisable to receive certain types of treatment.

**THE ROYAL CANADIAN LEGION
TRACK AND FIELD PROGRAM
TREATMENT WAIVER FORM**

Please indicate on the list below, which forms of treatment you will/will not allow your child to undergo:

	WILL ALLOW ()	WILL NOT ALLOW ()
First Aid Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cryotherapy (ice)	<input type="checkbox"/>	<input type="checkbox"/>
Heat Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Massage Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Injury Taping	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>

 SIGNATURE OF ATHLETE: _____ DATE: _____
(I consent to having a student therapist provide treatment)

 PARENT/GUARDIAN: _____ DATE: _____
(I give my consent for my child to be treated by a student therapist)

ATTACH PHOTO COPY OF YOUR VALID SASKATCHEWAN HEALTH SERVICES CARD HERE:

AFFIX COPY HERE

HEALTH CARD NO. _____ EXPIRY DATE _____

REMEMBER: REVIEW ALL PAGES OF THIS APPLICATION FORM TO ENSURE THAT ALL SIGNATURES ARE AFFIXED WHERE NECESSARY AND ALL QUESTIONS ARE ANSWERED.

THE ROYAL CANADIAN LEGION – TRACK AND FIELD PROGRAM
PARENTAL CONSENT/PERSONAL HEALTH RECORD FORM

Clearly indicate all medicines that the applicant must use during the event period. These must be clearly marked and handed to the nurse upon arrival. (Name of medicine, condition for which medicine is prescribed, and dosage).

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, release and forever discharge The Royal Canadian Legion, it's agents, servants, representatives, successors and assignee and other bodies, corporate firms associations or persons connected with the competitors of any and from any and all rights, claims, demands and actions whatsoever that I may have for any and all loss, damage or injury sustained by me or my equipment during said competitions. I also give permission for the free use of my name and/or picture in any broadcast, telecast or other account of the above event. I attest and verify that I am physically fit. I further provide my consent for the provision of emergency medical treatment, if necessary:

→ SIGNATURE OF
ATHLETE _____ DATE: _____

→ SIGNATURE OF
PARENT/GUARDIAN: _____ DATE: _____

DOCTOR'S STATEMENT

TO BE COMPLETED BY EXAMINING PHYSICIAN

In your opinion and from your examination, do you believe that the applicant is fit to compete in all activities pertaining to the event?

Comments: _____

Date: _____ Examining Physician _____

(Must be completed before acceptance to camp)