THE CANADIAN CEREBRAL PALSY SPORTS ASSOCIATION

L’ASSOCIATION CANADIENNE DE SPORTS POUR PARALYTIQUES CÉRÉBRAUX

■ c/o House of Sport, RA Centre, 2451 Riverside Drive, Ottawa, ON K1H 7X7 ■ Tel/Tél : (613) 748-1430 ■

**2020 National Boccia Training Squad**

**Team Member Agreement**

1. **Policies**

As a Team Member I have read and agree to abide by the following CCPSA policies and procedures found at <http://bocciacanada.ca/en/about/policies/>

## [Code of Conduct and Ethics](http://bocciacanada.ca/en/wp-content/uploads/2018/08/Code-of-Conduct-and-Ethics-Approved-August-1-2018.pdf)

## [Discipline and Complaints Policy](http://bocciacanada.ca/en/wp-content/uploads/2018/08/Discipline-and-Complaints-Policy-Approved-August-1-2018.pdf)

## [Event Discipline Procedure](http://bocciacanada.ca/en/wp-content/uploads/2018/08/Event-Discipline-Procedure-Approved-August-1-2018.pdf)

## [Dispute Resolution Policy](http://bocciacanada.ca/en/wp-content/uploads/2018/08/Dispute-Resolution-Policy-Approved-August-1-2018.pdf)

## [Appeals Policy](http://bocciacanada.ca/en/wp-content/uploads/2018/08/Appeals-Policy-Approved-August-1-2018.pdf)

## [Social Media Policy](http://bocciacanada.ca/en/wp-content/uploads/2018/08/Social-Media-Policy-Approved-August-1-2018.pdf)

## [Family and Friends Policy](http://bocciacanada.ca/en/wp-content/uploads/2018/09/Family-and-Friends-Policy-Approved-August-1-2018.pdf)

## [Extended Stay Travel Policy](http://bocciacanada.ca/en/wp-content/uploads/2018/09/Extended-Stay-Travel-Policy-Approved-August-1-2018.pdf)

## [Performance Partner Policy](http://bocciacanada.ca/en/wp-content/uploads/2018/09/Performance-Partner-Policy-Approved-August-1-2018.pdf)

## [Social Media Guidelines for Athletes and Coaches](http://bocciacanada.ca/en/wp-content/uploads/2018/08/Social-Media-Guidelines-for-Athletes-and-Coaches-Approved-August-1-2018.doc.pdf)

1. **Code of Conduct and Appropriate Behaviour**
	1. As a Team Member, I will refrain from consuming alcohol while participating in CCPSA programs, activities, competitions or events. Upon completion of the competition, event, etc., I must request permission of my Team leader to modify this rule.
	2. As a Team Member, I will not use or possess any illegal drugs and/or substances.
	3. As a Team Member, I will not smoke around athletes.
	4. As a Team Member, I will not perform any willful damage to any property, commit illegal acts, or display inappropriate behaviour.
	5. As a Team Member, I agree to abide to a predetermined daily curfew. Upon finishing competition, I may request an extension to the curfew from the Head Coach or designate. I will ensure that I return to the dormitory at the agreed time.
	6. As a Team Member, I will obey all rules established by the host country and extend myself whenever possible in the interest of being a worthy representative of Canada.
	7. As a Team Member, I understand that good sportsmanship, co-operation and team spirit is expected of me at all times.
2. **Training and Preparation**
	1. As a Team Member, I will participate in all training camps, testing programs or evaluations as required.
	2. As a Team Member, I will ensure that I am physically prepared to travel, and compete. My preparation prior to departure will allow me to participate to my fullest potential.
3. **Travel**
	1. As a Team Member, I agree to travel with the team whenever possible.
	2. As a Team Member, I will bring with me all required documents including:
* Passport
* Medical records
* Equipment in good working order (Including serial number if appropriate)
* Required medication
* Adequate clothing
* Sufficient personal funds to cover expenses for the period away from home
1. **Medical**
	1. As a Team Member, I will ensure that I am medically fit to travel and participate. I will forward all required documents to the Head Coach or designate. In the event of a change in my medical status prior to departure, I will inform the Head Coach or designate. I recognize that the Head Coach makes the final decision regarding my clearance to travel.
2. **Team Uniform**
	1. As a Team Member, I will wear the appropriate uniform at all designated events.
	2. As a Team Member, I will not trade any part of the issued Team uniform for two years from current event. I understand that with failure to comply, I will be charged for the pieces of the uniform that need to be replaced.
3. **Canadian Anti-Doping Program (CADP)**
	1. As a Team Member, I understand that the Canadian Cerebral Palsy Sports Association has adopted the 2015 Canadian Anti-Doping Program (CADP), which is the set of rules that govern doping control in Canada. Administered by the Canadian Centre for Ethics in Sport (CCES), the CADP applies to members of the Canadian Cerebral Palsy Sports Association and participants in Canadian Cerebral Palsy Sports Association sanctioned activities. All members of the Canadian Cerebral Palsy Sports Association, whether in the role of athlete or athlete support personnel, are subject to the CADP. By signing below, I acknowledge that I understand that the CCPSA has adopted the 2015 Canadian Anti-Doping Program (CADP) found at:

<http://bocciacanada.ca/en/boccia/programs/high-performance-program/>

1. **Team Responsibility**
	1. As a Team Member, I will be present at all scheduled practice and competition sessions as well as team functions, meetings and designated functions unless given special permission by the Head Coach or designate.
	2. As a Team Member, I agree to abide by additional rules as established by the Head Coach or designate on site.
	3. As a Team Member, I understand that I need to receive permission from the Head Coach or designate before I leave the Games site.
	4. As a Team Member, I will travel with an unlocked cell phone and will provide my cell phone number to the Head Coach or designate. I will keep my phone charged and on my person at all times.
2. **Sanctions**
	1. If I violate the terms of this agreement in any way, disciplinary action may be taken as per the CCPSA’s Discipline and Complaints Policy found at <http://bocciacanada.ca/en/wp-content/uploads/2018/08/Discipline-and-Complaints-Policy-Approved-August-1-2018.pdf>
3. **Family Members**
	1. I understand that family members and friends who are not part of the team for an event are responsible for making their own travel and accommodation arrangements.
4. **Photo Release**
	1. I authorize the use of my image and/or name in any electronic, written, radio, television, or other media or promotional coverage of the National Boccia Training Squad for a minimum of five years from the date of this agreement, with the possibility of extension if I authorize the extension.
	2. As a Team Member I may request my image for personal use, pursuant to the application of the CCPSA/Boccia Canada branding guidelines and other policies surrounding logo use (if applicable).

As a member of the National Boccia Training Squad I understand and agree to abide by all the terms and condition as stated in this agreement.

Team Member's Signature Date

Parent/Guardian (if under 18) Date