



## **2024 NATIONAL TEAM MEMBER AGREEMENT (Performance Partner, Integrated Support Team, Coaches, & Staff Only)**

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THIS AGREEMENT as of January 1, 2024

BETWEEN:

Name of Team Member: \_\_\_\_\_

residing at Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(the "Team Member")

AND:

**Canadian Cerebral Palsy Sports Association (Boccia Canada),**  
a registered Canadian amateur athletic association having its  
registered office at:

House of Sport, RA Centre  
2451 Riverside Drive  
Ottawa, Ontario K1H 7X7

(the "CCPSA")

**BACKGROUND INFORMATION**

- A. The CCPSA is recognized by The Boccia International Sports Federation ("IF"), Canadian Paralympic Committee ("CPC"), and the Government of Canada as the national governing body for the sport of boccia.
- B. The CCPSA strives to deliver a world-leading program and enter a National Team into competition that achieves the best international results it possibly can.
- C. Execution of this Agreement means that both parties understand the mutual obligations set out in this Agreement,

**TERM AND SCOPE OF THE AGREEMENT**

- 1. This Agreement is effective from January 1, 2024 to December 31, 2024.
- 2. The Team Member is a member of the National Team for the duration of this Agreement.

**RELATED POLICIES AND AGREEMENTS**

- 3. As a Team Member, I will behave in a courteous and respectful manner and adhere at all times to the [CCPSA policies](#) relating to conduct as amended from time to time, including but not limited to:
  - A. [Abuse Policy](#)
  - B. [Athlete Protection Policy \(Rule of Two\)](#)

\_\_\_\_\_ Initials

- C. [Appeal Policy](#)
- D. [Code of Conduct and Ethics Policy](#)
- E. [Discipline and Complaints Policy](#)
- F. [Dispute Resolution Policy](#)
- G. [Event Discipline Procedure](#)
- H. [Performance Partner Policy](#)
- I. [Screening Policy](#)
- J. [Social Media Guidelines for Athletes and Coaches](#)
- K. [Social Media Policy](#)
- L. [Travel Policy](#)
- M. [2024 Boccia National Training Squad Selection Criteria](#)
- N. [2024 Boccia Carding Criteria](#)

From time to time, the CCPSA's existing policies may be updated or changed and the Board of Directors of the CCSPA may approve new policies. This Agreement contains the most recent policies at the time of signing. The CCPSA will inform the Team Member of any changes to its policies and agreements and will always have the most current version of its policies available through the usual communications of the CCPSA.

#### **ABUSE FREE SPORT**

4. As a Team Member, I will:
- A. Familiarize myself with the [Universal Code of Conduct to Prevent and Address Maltreatment in Sport](#) (UCCMS) and the policies, procedures and services of [Abuse-Free Sport](#) in the administration and enforcement of the UCCMS, including their admissibility to Mental Health Referral and Legal Aid services of Abuse-Free Sport;
  - B. Read, sign and comply with the terms of the [Informed Consent Form](#) to become subject to the UCCMS and its administration and enforcement processes through the Abuse-Free Sport program;
  - C. Act in a manner consistent with the UCCMS, the Informed Consent Form and the administration and enforcement rules of Abuse-Free Sport;
  - D. Complete any periodic UCCMS-compliant training required by the NSO and/or Abuse-Free Sport; and
  - E. Fully cooperate in good faith as part of any relevant Abuse-Free Sport process for which Athlete participation is required in relation to the administration and enforcement of the UCCMS.

#### **TRAINING AND PREPARATION**

5. As a Team Member, I will:
- A. Participate in all training camps, testing programs or evaluations as required.
  - B. Demonstrate commitment to progress towards achieving agreed upon objectives and goals of the Athlete and National Team (the "Agreed Upon Training Plan").
  - C. Ensure that I am physically prepared to travel and compete. My preparation prior to departure will allow me to participate to my fullest potential.

#### **TRAVEL**

\_\_\_\_\_Initials

6. As a Team Member, I agree to travel with the team whenever possible.
7. As a Team Member, I will bring with me all required documents including:
  - A. Passport
  - B. Medical records
  - C. Equipment in good working order (Including serial number if appropriate)
  - D. Required medication
  - E. Adequate clothing
  - F. Sufficient personal funds to cover expenses for the period away from home

### **MEDICAL**

As a Team Member, I will:

8. 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.
9. Notify the National Coach and/or Designated Contact within 24 hours, or as soon as possible thereafter, of becoming aware of any injury or illness that might prevent from fulfilling any obligations under this Agreement;

### **TEAM UNIFORM**

10. As a Team Member, I will wear the appropriate uniform at all designated events.
11. 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.

### **INFORMATION AND PRIVACY**

12. As a Team Member I will:
  - A. Provide the CCPSA with any Personal Information required for competitions, travel, etc.;
  - B. Not disclose CCSPA recordings, technology, tactics, methods, logistics or other information that the CCPSA deems confidential, unless required to do so by law.

### **COMMUNICATION**

13. As a Team Member I will:
  - A. Provide the CCPSA with an up-to-date e-mail address that accepts file attachments and that the Team Member will make reasonable efforts to check at least once every seven (7) days;
  - B. Provide the CCPSA with the required information to communicate by some other reasonable method of communication should the Team Member so choose;
  - C. Respond to CCPSA correspondence and communication as soon as the circumstances permit, depending on the nature of the communication and meet any deadlines for responding provided they have been mutually agreed upon by the parties.

### **CANADIAN ANTI-DOPING PROGRAM (CADP)**

14. As a Team Member, I understand:
  - A. The Canadian Cerebral Palsy Sports Association has adopted the [2021 Canadian Anti-](#)  
\_\_\_\_\_Initials

[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 2021 Canadian Anti-Doping Program (CADP) and that I will comply with it: <https://bocciacanada.ca/en/boccia/programs/high-performance-program/>.

- B. If required, complete the CCES online anti-doping courses, True Sport Clean 101
- C. Refuse to enter into any relationship with a Coach, IST or person who the Team Member knows is under sanction by the CCPSA or an anti-doping agency for a doping-related offence;
- D. Not supply such substances to others directly or indirectly, nor encourage or condone their use by knowingly aiding in any effort to avoid detection.

### **FINANCIAL**

- 15. As a Team Member I will pay any agreed upon and invoiced fees within 30 days of being provided an invoice by the CCPSA.

### **TEAM RESPONSIBILITY**

- 16. 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.
- 17. As a Team Member, I agree to abide by additional rules as established by the Head Coach or designate on site.
- 18. As a Team Member, I understand that I need to receive permission from the Head Coach or designate before I leave the Games site.
- 19. 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.

### **SANCTIONS**

- 20. 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 <https://bocciacanada.ca/wp-content/uploads/2021/06/policy-discipline-and-complaints-policy.pdf>.

### **FAMILY MEMBERS**

- 21. 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.

### **PHOTO RELEASE**

- 22. 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 Team for a minimum of five years from the date of this agreement, with the possibility of extension if I authorize the extension.

- 23. As a Team Member I may request my image for personal use, pursuant to the application of \_\_\_\_\_ Initials

the CCPSA/Boccia Canada branding guidelines and other policies surrounding logo use (if applicable).

**TERMINATION**

24. The Team Member:

- A. May terminate this Agreement at any time by providing written notice of termination to the CCPSA;
- B. Understands and agrees that in terminating this Agreement, the Team Member loses all rights, benefits and privileges of participation on the National Team, including the right to compete internationally at IF, or International Paralympic Committee sanctioned events.

**GOVERNING LAW**

25. This Agreement will be governed and construed in accordance with the laws of ONTARIO and the laws of Canada applicable therein.

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

IN WITNESS WHEREOF the parties have executed this Agreement as of the day and year first above written.

-----  
Team Member Name

\_\_\_\_\_  
Team Member's Signature

\_\_\_\_\_  
Date

-----  
Witness Name

-----  
Witness Signature

\_\_\_\_\_Initials