Tournament Participation Form

Team Name: _____ Gender: _____ Division: _____

Team Contact: _____ Email: _____ Phone: _____

Tournament Applied for	**Age/Gender/Division Entering**	**Dates & Location of Tournament** *Date mm/dd/yyyy City/Province/Country*	**Accepted** *Yes/No please notify office of acceptance*

Please submit this completed form to the FCR Office at the beginning of the season or email it to Norma – youth@fcregina.com

Please remember if attending an out of province tournament you will be required to submit a Domestic Travel Permit. Domestic Travel Permits can be found on the SSA (Saskatchewan Soccer Association) website under Forms.

If attending a tournament outside of Canada, you will need to submit an International Travel Permit. International Travel Permits can be found on the SSA website under Forms.

Please check the SSA website for costs and dates permits need to be submitted. www.sasksoccer.com

Updated December 2024

MEDICAL CONSENT FORM

AGE CATEGORY

U9 ☐ U11 ☐ U13 ☐ U15 ☐ U17 ☐

GENDER

Male ☐ Female ☐

FULL NAME *(AS IT APPEARS ON PASSPORT/BIRTH CERTIFICATE)*	*SURNAME*	*GIVEN NAME*	*MIDDLE NAME OR INITIAL*

CONSENT TO MEDICAL TREATMENT

**It is the policy of FC Regina to notify a parent / guardian when a child is ill or needs medical attention. Occasionally we cannot contact parents and may need to get immediate help for your child. Our procedure is to take the child to the nearest emergency medical service.*

I hereby give consent for my child, _____,

- When ill or injured to be taken to the nearest Emergency Centre by the Team Staff when I cannot be contacted.
- To receive medical treatments deemed medically necessary by the Emergency Centre.
- To receive medical attention and treatment from the certified Medical Staff traveling with the team or in attendance at the official venue.

_____ _____

Parent / Guardian Signature ***Date***

CONSENT TO ADMINISTER NON-PRESCRIPTION MEDICATION

**It is the policy of FC Regina to notify a parent when a child is ill or needs medical attention. On occasion, a child may not be ill enough to go to an Emergency Centre, however, they may require non-prescription over-the-counter medication such as Advil, Tylenol, Gravol, Pepto-Bismol, Imodium, Claritin, etc. to relieve pain and/or discomfort. If we cannot contact the parents and we need to give the child relief from pain and/or discomfort that is not considered an emergency, our procedure would be to give the child the appropriate non-prescription over-the-counter medicine deemed necessary.*

I hereby give consent for my child to receive non-prescription over-the-counter medicine deemed necessary by FCR Team Staff when I cannot be contacted.

_____ _____

Parent / Guardian Signature ***Date***

MEDICAL HISTORY FORM

ATHLETE INFORMATION

Athlete Surname: _____ Athlete First Name: _____

Address: _____ Date of Birth: _____

_____ GENDER: _____

_____ Language(s) Spoken: _____

Phone: _____ SK Health Insurance No.: _____

Private Insurance (Plan/Company): _____ Medical Insurance No: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Family Doctor: _____ Phone: _____

MEDICAL HISTORY

(Current illnesses or diagnosed symptoms – recent within one year)

	N	Y	Specify Details		N	Y	Specify Details
HEAD/NECK INJURY				ASTHMA			
CONCUSSION				BRONCHITIS			
BACK PROBLEMS				CHEST PAINS			
EYE PROBLEMS				HEART PROBLEMS			
GLASSES/CONTACTS				MENSTRUAL PROBLEM			
NOSE BLEEDS				BOWEL PROBLEM			
DENTAL PROBLEMS				URINARY INFECTIONS			
DEAFNESS				KIDNEY PROBLEMS			
EAR PROBLEMS				EATING DISORDERS			
SEIZURES				DIABETES			
FAINTING SPELLS				THYROID DISORDER			
BLOOD TRANSFUSIONS				HEPATITIS			
TRAUMATIC INJURY				INFECTIOUS DISEASE			
FRACTURES				MENTAL DISORDER			
OVERUSE INJURY				OPERATIONS			
SPRAINS				MAJOR SURGERY			
ALLERGIES							
FOOD				EPIPEN			
OTHER				EPIPEN			

***LIST ANY OTHER RELEVANT HEALTH CONDITIONS OR PROVIDE ANY FURTHER EXPLANATION OF THE CONDITIONS MARKED "YES":**

_____

_____

MEDICATIONS CURRENTLY USED

PRESCRIBED: _____ NON-PRESCRIBED: __

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____ _____

BLUESTARS – YOUTH TEAM TRAVEL POLICY

Guidelines & Expectations for BlueStars Travel/PSL Teams

As part of FC Regina's high-performance soccer program, BlueStars teams may have the opportunity and be expected to participate in tournaments and other competitive events that require travel outside of Regina. Depending on the age group and nature of the event, players may be accompanied by parents/guardians or be required to travel on their own with the team, under the supervision of designated adult chaperones. Selection for out-of-town team travel is a privilege that allows BlueStars athletes to:

- access and experience higher level competition.
- be exposed to different styles of play and training environments.
- bond as a team and build club camaraderie; and
- showcase FC Regina and the BlueStars Program.

As Club representatives, BlueStars players are expected to hold the reputation of the program in the highest regard and ensure that their conduct always represents the Club in the best way possible. To that end, BlueStars teams and players are required to abide by the following travel guidelines and expectations:

Code of Conduct & Chaperone/Medical Consent Forms

- All players and parents are required to understand, agree to, and abide by the Club's Codes of Conduct.
- All players travelling without a parent/guardian must submit signed travel authorization and medical consent forms prior to departure.

*Team Transportation**

Charter Bus (Engleheim): teams will book a chartered bus for events outside of the province. If possible, pair up with another team to share the cost of the bus. Parents will not be on the bus it will be players and team staff only. This is for U15 to U19 teams.

U9 to U13 travel will be at the team and technical staff's discretion. Bus travel is recommended for out of province travel for U9 to U13.

*Team Accommodations**

- All players are expected to stay in the same hotel. Where multiple BlueStars teams are playing in the same event, teams are encouraged to stay in the same hotel, where possible.
- Team rooms for U15 to U19 – Maximum number of players per team room will be 2 or 1 player per bed.
- Hotel rooms are to be kept neat and organized and all hotel rules are to be followed.
- Footwear and proper attire should be worn in all public areas of the hotel.

*Team Meals & Activities**

- Teams should eat together at team meals when possible and players should follow prescribed nutrition and hydration policies, if any, established by their coach.
- Team personnel will determine all soccer and non-soccer activities during the trip and provide players with a planned itinerary before the event.

TRAVEL AUTHORIZATION

- With the coach's permission, players may be allowed to leave with family or attend other pre-arranged activities, but team activities take priority over personal agendas.

Team Behavior

- Coach(es), players and parents are expected to review and agree on general travel behavior requirements and consequences of non-compliance before the event, including curfews, electronics use, pool use, etc.
- Coarse language, disrespectfulness, bullying, insulting or illegal behavior will not be tolerated.
- Smoking/vaping, alcohol and drug use are strictly forbidden.
- At the coach's discretion, parents will be contacted, and players may be sent home at parents' additional expense due to serious violations of team rules.

Player Responsibilities

- Players are expected to participate in all team events and activities as directed by the coach.
- Players are to be punctual and strictly follow all stipulated curfews and team rules.
- Players are not allowed to go anywhere alone or leave the team/hotel without the coach's permission.
- Any problems or incidents that a player becomes aware of or involved in must be reported to the coach or other team personnel immediately.

FCR Apparel/Dress Code

- Players are to wear FCR attire or comply with other teams' established dress codes for all team travel and events, as directed by team staff.

Travel Costs

- Travel costs, including team personnel expenses shall be shared by all participating players in accordance with FCR policy.

**Depending on the applicable age group and nature of the event, flexibility or exceptions to these guidelines may be granted to accommodate special circumstances. All alternate arrangements must be cleared with the respective team coach(es), technical staff, FCR Executive Director, and FCR Youth Coordinator in advance.*

I / We,	,		
	full name(s) of parent(s) / person(s) / organization giving consent		
Address:			
	street address, city		
	province/state, country		
Telephone and email:			
	telephone		*email*
am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:			

Information about travelling child (Passport Info for International Travel only)			
Name:			
	child's full name		
Date and place of birth:			
	dd/mm/yyyy		*city, province/territory*
Number and date of issue of passport:			
	number		*dd/mm/yyyy*
Issuing authority of passport:			
	country where passport was issued		
Birth certificate registration number			
	number		
Issuing authority of birth certificate			
	province / territory where birth certificate was issued		
Information about accompanying person			
This child has my / our consent to travel with the FC Regina Soccer Club, accompanied by and under the care of the following team personnel and/or designated chaperones:			
Name(s):			
	full name of accompanying person(s)		
Relationship to child:			
	Coach, Team Manager, Chaperone, other		
Name(s):			
	full name of accompanying person(s)		
Relationship to child:			
	Coach, Team Manager, Chaperone, other		

Contact information during trip	
I / We give our consent for this child to travel to:	
Destination(s):	
	name of destination(s)
Travel dates:	
	date of departure to date of return
Event/Competition:	
	description of event or competition or purpose of trip

1. I/We give permission for this child to accompany the FCR Regina Soccer Club to participate in the soccer competition and other planned activities associated with the above noted event.
2. I/We acknowledge that this child may be injured while in the custody and care of FC Regina and agree that neither the Club or named chaperones shall be responsible for any accident, injury or sickness occurring during this time except to the extent that such accident, injury or sickness results from the negligence or intentional misconduct of the Club or chaperones during the time the child is in their custody/care.
3. I/We have been provided with and agree to abide by the Club Travel Guidelines, FCR Code of Conduct, Canada Soccer Code of Conduct and Ethics and the general rules established by the team for this event.
4. I/We consent to any discipline imposed on this child as the Club or chaperone(s) may deem necessary because of the child not adhering to said rules, including being sent home at my/our expense.

_____ _____

Full name of person giving consent *Full name of person giving consent*

Date *Date*

Questions regarding information in this consent letter should be directed to the person(s) or organization giving consent.

_____ _____

Signature of person giving consent *Signature of person giving consent*

_____ _____

Jersey #	Player Name	Volunteer Cheque #	Reason for not collecting a Volunteer Bond
	Coaches Name		Child(s) Name of Coach - Age/Division/Team Name
	Managers Name		Child(s) Name of Coach - Age/Division/Team Name

Injury Report Form

To be completed by staff within 1 hour of incident/accident and submitted to FCR Office

Incident Date: _____ Incident Time:_____

Injured Person Name:_____

Address: _____

Phone Number: _____

Male/Female: _____ Date of Birth: _____

Details of Incident:

_____

_____

_____

_____

_____

Injury Type: _____

Does Injury require Hospital/Physician? Yes: _____ No: _____

Hospital Name: _____

Address: _____

Hospital Phone Number: _____

Injured person/Party Signature: _____ Date: _____

Important Notes and Instructions:

_____

_____

_____

_____

_____

_____

Prepared By: _____ Date: _____