



CHISASIBI

AFTER SCHOOL
SPORT PATHWAY PROGRAM

fitness@chisasibi.ca (819) 855-2878 ext:420 www.chisasibi.ca/recreation/fitness

REGISTRATION FORM

PARTICIPANT INFORMATION

Name of Participant

Date of Birth Small

Age Hoodie Size Medium

Phone Number Large

Home Address X-Large

Email Address

Person to Contact In Case of Emergency

Phone Number

Health Assurance Card

Allergies or Past Injuries

High School Level

Sports Played

Interests Music Gaming Hunting Sports Dance Art Reading Biking Other(s):

AGREEMENT

I so hereby grant permission for my child to participate in the **Chisasibi After School Sport Pathway Program** given by the Chisasibi Fitness Center.

I am also aware that my child will be supervised by a Certified or Qualified Staff and must follow the rules of the program accordingly.

Any misbehaviour or foul play will result in a suspension or immediate withdrawal from the program.

Signature of Parent or Guardian

Signature of Rec. Dept. Representative

Disclaimer: Participants are encouraged to be active and our Periodization Training Program ensures proper exercise technique, an experienced coaching staff, LTAD Long Term Athletic Development planning and most of all, safe and progressive. Participants committed to our program cannot engage in other weightlifting/strength activities due to the aspects that could lead to overtraining, lack of recovery and injuries related to excessive volume of weight bearing activities.

Once a general foundation of fitness has been established, athletes should begin to gradually increase their training loads. Pediatric athletes are advised to follow the 10% rule, which allows for no more than a 10% increase in the amount of training time, distance, repetitions, or load each week. *5,31 National Athletic Trainers' Association Position Statement: Prevention of Pediatric Overuse Injuries Journal of Athletic Training 2011; 46(2):206-220 g by the National Athletic Trainers' Association, Inc www.nata.org/*



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Sport for Life

