



REGISTRATION FORMS

Aboriginal Coach Manual Learning Facilitator Training

*Location – TBD
August 24 – 28, 2011*

Please follow these steps:

Step 1: Complete the enclosed package of forms. You will find the following:

- Participant Information Form
- Emergency Contact Form
- Code of Conduct Form

Please include

- Resume outlining coaching/facilitation experience

Step 2: Deadline for submission of applications
August 5th, 2011. 9:00pm EDT

Submit applications to:

**Manager, Aboriginal Coach Development
Attention: Anthony Sauvé**

Phone : (705) 250-0661

Fax: (705) 259-1535

Email: asauve@coach.ca

Thank you for your co-operation!

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PARTICIPANT INFORMATION FORM

Name: _____

Address: _____

City

Province/Territory

Postal Code

Telephone: (day) _____ (night) _____

Fax: _____ Email: _____

Location of departure (fly out of): _____

Location of return (fly back to): _____

Background Coaching Experience:

Sports Coached: _____

Level Coached:

- ____ Community/Recreational
____ Regional Team/Athletes
____ Provincial Team/Athletes
____ National Team/Athletes
____ International Team/Athletes
____ Other

Aboriginal Coach Manual Qualification: (please check) Yes No

National Coaching Certification Program (NCCP) Training or Certification:

(please check): Community Sport Competition Instruction

NCCP CC# _____

Do you have First Nation Status, Inuit or Métis card? Yes No

If yes, what type of card is it? _____ Number: _____

Provincial/Territorial Health Care # _____ Province/Territory: _____

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EMERGENCY CONTACT FORM

PARTICIPANT'S NAME: _____

In the event of an emergency, PLEASE contact the following person:

NAME: _____

RELATION TO PARTICIPANT: _____

TELEPHONE NUMBERS: Home (_____) _____
Area Code

Work (_____) _____
Area Code

If the above person cannot be reached, please provide a second name.

NAME: _____

RELATION TO PARTICIPANT: _____

TELEPHONE NUMBERS: Home (_____) _____
Area Code

Work (_____) _____
Area Code

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CODE OF CONDUCT

Traditional Protocol

1. All participants must respect the traditional protocols of the host nation.
2. All participants must respect the cultural diversity of the group. The Aboriginal Coach Development Program prohibits discriminatory practices. Participants will refrain from comments or behaviours, which are disrespectful, offensive, abusive, racist, or sexist.

Behaviour

3. All participants will attend all events associated with the Learning Facilitator training.
4. All participants are encouraged to take part in the traditional component of the Learning Facilitator training. However, personal choice will be respected.
5. All participants will respect the direction given from the elders and staff.

General

6. The following are strictly prohibited and will be enforced with zero tolerance:
 - No recreation use of tobacco while participating in classroom or other related activities (smoking or chewing tobacco),
 - No consumption of alcohol,
 - No use of drugs (except for medication prescribed by a doctor or physician),

Actions taken by any participant that are in violation of the participant code of conduct will be dealt with by the program manager. Any violation will be reviewed and all necessary actions will be taken to address the situation.

DISCIPLINARY STEPS MAY INCLUDE THE FOLLOWING:

- Sending an individual home at his/her own expense, or at the expense of your Provincial/Territorial Aboriginal Sport Body.
- Reviewing an individual's future participation/involvement with the Aboriginal Coach Development Program and any subsequence programs.

By signing this form participants acknowledge that they have read and understand the Code of Conduct for the Aboriginal Learning Facilitator training session and accept the consequences/repercussions, should they violate any of the provisions within the Code of Conduct. Further, I understand that the Aboriginal Coach Development Program has the exclusive rights to use my image/picture or name (whether in still photo, television or any other form) in association with the CAC programs or website and other official promotions.

Participant's Name: _____

Participant's Signature: _____ Date: _____