

WHAT IT TAKES TO MAKE IT



IMPACT

HIGH PERFORMANCE ATHLETE DEVELOPMENT CAMPS



\$75

PER ATHLETE

\$300

GROUP OF 5
ATHLETES

FREE

UP TO 2 COACHES
PER REGISTERED
TEAM

A DAY IN THE LIFE OF AN ELITE ATHLETE.

Learn from elite athletes and their Sport Science experts what it takes to be on the world stage of professional and Olympic sport. Experience first hand, how to build skills for fitness and recovery.

Camp available to High School students in grades 9-12 and Manitoba coaches.

Camp runs from 9 A.M. to 5 P.M.

REGISTER AT WWW.CSCM.CA

Presented by:



SELKIRK
APRIL 17

DAUPHIN
APRIL 24

WINNIPEG
MAY 11

Sponsored by:



Contact 204.474.7204 or impact@cscm.ca for more information.

HIGH PERFORMANCE ATHLETE DEVELOPMENT IMPACT CAMPS

About IMPACT Athlete Development Program

IMPACT Athlete Development Program is a multi-sport foundational athletic skills program built to develop athletes within the Train-to-Train (T2T) stage of the long-term athlete development pathway. The curriculum provides developing athletes with access to multi-sport training sessions designed to enhance motor skills and physical fitness at sport performance facilities in every region of the province ensuring physical competencies are developed in age and stage appropriate programs.

IMPACT Camps offer a unique opportunity for high school athletes in grades 9 to 12, and community coaches in rural Manitoba to spend a day in the life of an Olympic or professional athlete. At the camp, students get to learn from elite athletes and their Sport Science experts what it takes to be on the world stage of professional and Olympic sport. Experience first hand, how to build skills for fitness and recovery.

IMPACT Camps are sponsored by Manitoba Liquour & Lotteries and presented by the Canadian Sport Centre Manitoba.

Manitoba Liquour & Lotteries has a team of community ambassadors called **IMPACT Team**.

IMPACT Team Ambassadors attend, address or bring greetings to companies, schools, community groups or organizations interested in sharing the inspiring and motivational stories of any of its ambassadors. Currently, the **IMPACT Team** includes three Olympic medalists, a curling world champ and a professional CFL player.

At the camp, students will have the opportunity to meet one of the following elite athletes:

- **Kaitlyn Lawes**, Curling, Third on Jennifer Jones Team, 2014 Olympic Gold Medallist
- **Janine Stephens**, Rowing, 2012 Olympic Silver Medallist
- **Jared Funk**, Wheelchair Rugby, Three-time Paralympic Medallist
- **Reid Carruthers**, Curling, Skip of Team Carruthers, 2014 Provincial Curling Champion
- **Obby Khan**, Football, Retired CFL player

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MANITOBA
LIQUOR & LOTTERIES
IMPACT
TEAM

HIGH PERFORMANCE ATHLETE DEVELOPMENT IMPACT CAMPS

FAQs

Are there ID requirements or an age limit to enter the event?

There are no age requirements, however the participating student must be enrolled in grade 9.

What can/can't I bring to the event?

A glance into your day:

- Arrive ready to go for 8:45 AM
- Wear clothing you would work out in, including court shoes
- Bring a water bottle and healthy snacks for the day

In order for us to best prepare, have your parent or guardian sign the **Waiver of Liability** and **Par Q questionnaire** (see below) and send signed documents by email to impact@cscm.ca or by fax to 204.474.7685 a week prior to your camp.

Do I have to bring my printed ticket to the event?

Please print and bring a copy of your ticket with you.

What is the refund policy?

All ticket sales are final.

Click on the link to register <http://bit.ly/1xd63VB> or visit www.cscm.ca to learn more.

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WAIVER OF LIABILITY

Acknowledgement and Release

In consideration of Canadian Sport Centre MB (“CSCM”), allowing _____ to attend the IMPACT High Performance Athlete Development Camp (“IMPACT”) and allowing _____ to participate in any activity associated there with (“the activities.”)

I, _____, the parent/guardian of _____ hereby acknowledge and agree:

1. That the risk of injury associated with participation in the Activities can be serious, including the potential for permanent disability or death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist;

2. THAT BY ALLOWING _____ TO PARTICIPATE IN THE ACTIVITIES, I, ON BEHALF OF _____ KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, in relation to the Activities.

3. That I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to _____ as the staff of the CSCM & IMPACT may deem appropriate. This Release extends to any liability arising out of or in any way connected with any medical treatment and/or transportation provided in the event of an emergency.

4. I understand that CSCM & IMPACT will compile data on _____ as a result of performance testing conducted on _____ and that data will be kept on file with CSCM and possibly pooled with other data and used anonymously and used to establish norms for athletes in Manitoba. I hereby consent to the use of such data for this purpose.

CANADIAN SPORT CENTRE MANITOBA

5. I acknowledge that all records will be kept confidential.

The undersigned, as parent/guardian of _____ absolutely and forever releases, absolves and indemnifies CSCM, IMPACT & its officers, directors, employees, volunteers and agents (hereinafter referred to as the "Releases") from any and all cause or causes of action, suits and liability whatsoever including without limitation, arising from the negligence or breach of contract of CSCM & IMPACT, and waives any and all right or rights of action against the Releases, whether at law or in equity, which _____ and/or the undersigned may now or in future have, arising out of, from, or in respect of _____ participation in the Activities

This Release shall be binding upon _____, the undersigned and their successors, representatives, heirs and executors. If any portion of this waiver is held to be invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE AND I HEREBY CONFIRM THAT I SIGN IT FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

DATED this _____ day of _____, 2015.

Parent/Guardian

Name of participant

PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

SECTION 1 - GENERAL HEALTH

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.		YES	NO
1.	Has your doctor ever said that you have a heart condition OR high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you currently taking prescribed medications for a chronic medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to all of the questions above, you are cleared for physical activity.



Go to Section 3 to sign the form. You do not need to complete Section 2.

- › Start becoming much more physically active – start slowly and build up gradually.
- › Follow the Canadian Physical Activity Guidelines for your age (www.csep.ca/guidelines).
- › You may take part in a health and fitness appraisal.
- › If you have any further questions, contact a qualified exercise professional such as a CSEP Certified Exercise Physiologist® (CSEP-CEP) or CSEP Certified Personal Trainer® (CSEP-CPT).
- › If you are over the age of 45 yrs. and NOT accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.



If you answered YES to one or more of the questions above, please GO TO SECTION 2.



Delay becoming more active if:

- › You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better
- › You are pregnant – talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the PARmed-X for Pregnancy before becoming more physically active OR
- › Your health changes – please answer the questions on Section 2 of this document and/or talk to your doctor or qualified exercise professional (CSEP-CEP or CSEP-CPT) before continuing with any physical activity programme.

SECTION 2 - CHRONIC MEDICAL CONDITIONS

Please read the questions below carefully and answer each one honestly: check YES or NO.		YES	NO
1.	Do you have Arthritis, Osteoporosis, or Back Problems?	<input type="checkbox"/> If yes, answer questions 1a-1c	<input type="checkbox"/> If no, go to question 2
1a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
1b.	Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?	<input type="checkbox"/>	<input type="checkbox"/>
1c.	Have you had steroid injections or taken steroid tablets regularly for more than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have Cancer of any kind?	<input type="checkbox"/> If yes, answer questions 2a-2b	<input type="checkbox"/> If no, go to question 3
2a.	Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck?	<input type="checkbox"/>	<input type="checkbox"/>
2b.	Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have Heart Disease or Cardiovascular Disease? This includes Coronary Artery Disease, High Blood Pressure, Heart Failure, Diagnosed Abnormality of Heart Rhythm	<input type="checkbox"/> If yes, answer questions 3a-3e	<input type="checkbox"/> If no, go to question 4
3a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
3b.	Do you have an irregular heart beat that requires medical management? (e.g. atrial brillation, premature ventricular contraction)	<input type="checkbox"/>	<input type="checkbox"/>
3c.	Do you have chronic heart failure?	<input type="checkbox"/>	<input type="checkbox"/>
3d.	Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer YES if you do not know your resting blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
3e.	Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes	<input type="checkbox"/> If yes, answer questions 4a-4c	<input type="checkbox"/> If no, go to question 5
4a.	Is your blood sugar often above 13.0 mmol/L? (Answer YES if you are not sure)	<input type="checkbox"/>	<input type="checkbox"/>
4b.	Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, and the sensation in your toes and feet?	<input type="checkbox"/>	<input type="checkbox"/>
4c.	Do you have other metabolic conditions (such as thyroid disorders, pregnancy-related diabetes, chronic kidney disease, liver problems)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome)	<input type="checkbox"/> If yes, answer questions 5a-5b	<input type="checkbox"/> If no, go to question 6
5a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
5b.	Do you also have back problems affecting nerves or muscles?	<input type="checkbox"/>	<input type="checkbox"/>

Please read the questions below carefully and answer each one honestly: check YES or NO.		YES	NO
6.	Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure	<input type="checkbox"/> If yes, answer questions 6a-6d	<input type="checkbox"/> If no, go to question 7
	6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
	6b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?	<input type="checkbox"/>	<input type="checkbox"/>
	6c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?	<input type="checkbox"/>	<input type="checkbox"/>
	6d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia	<input type="checkbox"/> If yes, answer questions 7a-7c	<input type="checkbox"/> If no, go to question 8
	7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
	7b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?	<input type="checkbox"/>	<input type="checkbox"/>
	7c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event	<input type="checkbox"/> If yes, answer questions 8a-c	<input type="checkbox"/> If no, go to question 9
	8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments)	<input type="checkbox"/>	<input type="checkbox"/>
	8b. Do you have any impairment in walking or mobility?	<input type="checkbox"/>	<input type="checkbox"/>
	8c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have any other medical condition not listed above or do you live with two chronic conditions?	<input type="checkbox"/> If yes, answer questions 9a-c	<input type="checkbox"/> If no, read the advice on page 4
	9a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
	9b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?	<input type="checkbox"/>	<input type="checkbox"/>
	9c. Do you currently live with two chronic conditions?	<input type="checkbox"/>	<input type="checkbox"/>

Please proceed to Page 4 for recommendations for your current medical condition and sign this document.

PAR-Q+



If you answered NO to all of the follow-up questions about your medical condition, you are ready to become more physically active:

- › It is advised that you consult a qualified exercise professional (e.g., a CSEP-CEP or CSEP-CPT) to help you develop a safe and effective physical activity plan to meet your health needs.
- › You are encouraged to start slowly and build up gradually – 20-60 min. of low- to moderate-intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- › As you progress, you should aim to accumulate 150 minutes or more of moderate-intensity physical activity per week.
- › If you are over the age of 45 yrs. and NOT accustomed to regular vigorous physical activity, please consult a qualified exercise professional (CSEP-CEP) before engaging in maximal effort exercise.



If you answered YES to one or more of the follow-up questions about your medical condition:

- › You should seek further information from a licensed health care professional before becoming more physically active or engaging in a fitness appraisal and/or visit a qualified exercise professional (CSEP-CEP) for further information.



Delay becoming more active if:

- › You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better
- › You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the PARmed-X for Pregnancy before becoming more physically active OR
- › Your health changes - please talk to your doctor or qualified exercise professional (CSEP-CEP) before continuing with any physical activity programme.

SECTION 3 - DECLARATION

- › You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- › The Canadian Society for Exercise Physiology, the PAR-Q+ Collaboration, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.
- › If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.
- › Please read and sign the declaration below:

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness centre, health care provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that they maintain the privacy of the information and do not misuse or wrongfully disclose such information.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

**For more information, please contact:
Canadian Society for Exercise Physiology
www.csep.ca**

KEY REFERENCES

1. Jamnik VJ, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-s298, 2011.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or BC Ministry of Health Services.