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Athletic Sport Clubs

Appendix A

Guidelines for Constitutional Development

A constitution should contain at least the following information. Elaboration may be desirable whenever the club wishes to be more specific. However, a well written constitution should convey all the necessary information in a concise form.

Article 1 - NAME: The name of the Athletic Sports Club shall be _____

Article 2 - MEMBERSHIP

Who is eligible to join? Categories of membership (ie.full vs. associate), requirements for membership (ie method of payment of appropriate fees, medical tests, etc..)

Article 3 - PURPOSE: The purpose(s) of the _____ club shall be to:

Article 4 - ORGANIZATION

- 1) The Executive of the organization shall consist of _____ members as follows:
 - a) President b) Vice President c) Treasurer d) Secretary e) etc ..
- 2) Duties of each of the above.

Article 5 - MEETINGS

- 1) Meetings shall be held _____.
- 2) Additional meetings may be called by _____.
- 3) Quorum shall be 50% of voting members.

Article 6 - ELECTIONS AND VOTING

- 1) Voting – each bonafide member shall be entitled to one vote on any matter.
- 2) Elections: a) there shall be an election of Executive officers by _____
 - b) each bonafide member of the organization shall have one vote
 - c) positions may be held for _____
- 3) By-Elections – A by-election shall be held to replace an executive officer who has given up their position within _____.

Article 7 - AMENDMENTS

- 1) This constitution may be amended by vote of 50% of the bonafide members of the organization.
- 2) All amendments to the constitution of by-laws are subject to ratification by the Athletic Sports Clubs Coordinator, Department of Athletics and Recreation.

Appendix B

Athletic Sports Club

Club Executive

Year : _____

CLUB NAME: _____

President: _____

Address: _____

Phone Number: _____ Email: _____

Vice President: _____

Phone Number: _____ Email: _____

Secretary: _____

Phone Number: _____ Email: _____

Treasurer: _____

Phone Number: _____ Email: _____

Faculty/Staff: _____

Phone Number: _____ Email: _____

Appendix C

Athletic Sports Club

Information Required for Appointment Letters -2021-22

**please confirm mailing address is correct*

Team _____ Postion _____

Name _____ SIN: (if necessary) _____

Address _____ Apt. # _____

City/Prov _____ Postal Code _____

H Phone _____ B Phone _____

E-mail _____

Start Date _____ End Date _____

CLUB/OFFICE USE ONLY BELOW

Honorarium _____ Date of Payment _____

Travel Rebursemnt Information _____ Date of payment _____

Meal Card Y/N _____

Evening Parking Y/N _____ Start Date _____ End Date _____

Facility Pass (Y/N) _____ (Coordinators to arrange with coach)

Pulse Pass (Y/N) _____ Start Date _____ End Date _____

Other Information? _____



COACHING CODE OF CONDUCT



The athlete-coach relationship is a privileged one. Coaches play a critical role in the personal, as well as athletic development of their athletes. They must understand the respect and inherent power imbalance that exists in this relationship and must be extremely careful not to abuse it. Coaches must also recognize that they are conduits through which the values and goals of the Department of Athletics & Recreation are channeled. Thus, how an athlete regards his/her sport is often dependent on the behaviour of the coach. The following Code of Conduct has been developed to aid coaches in achieving a high level of behaviour that will allow them to assist their athletes in becoming well-rounded, self-confident and productive individuals.

Team Members = Refers to student-athletes, assistant coaches, medical staff, volunteers, and other staff associated with the program.

All Coaches are to understand and adhere to McMaster Athletics and Recreation's mission and values and statement of inclusivity and to the OUA Coaches Code of Conduct.

Coaches have a responsibility to:

1. Foster an inclusive environment in which all athletes are valued and respected.
2. Be aware that the athletes and volunteers are also students with academic pressures and conduct practices and games in such a manner as to allow and encourage academic success.
3. Direct comments and criticism at the performance, rather than the team member.
4. Consistently display high personal standards and project a favourable image of the university, their sport, and of coaching. For example, a coach should:
 - a. Refrain from public criticism of fellow coaches, officials, and opponents especially when speaking to the media or prospective student-athletes;
 - b. Abstain from the use of tobacco products while with team members, and discourage their use by team members. McMaster is now a smoke and tobacco free campus;
 - c. Abstain from drinking alcoholic beverages when working with student-athletes and volunteers, and be a positive role model by drinking responsibly when in a non-coaching role with team members.
 - d. Discourage the use of alcohol in conjunction with athletic events or victory celebrations at the playing site, practice facility, and throughout all department travel, including hotel rooms.
 - e. Refrain from the use of profane, insulting, harassing or otherwise offensive action, behaviour, and language in the conduct of your duties.
5. Ensure that the activity being undertaken is suitable for the experience, ability, and fitness level of the student-athletes and educate team members as to their responsibilities in contributing to a safe environment.
6. Communicate and cooperate with training staff and medical practitioners in the diagnoses, treatment and management of their athletes' medical and psychological problems. Consider the athletes' future health and well-being as foremost when making decisions regarding an injured athlete's ability to continue playing or training.
7. Recognize and accept when to refer athletes to other coaches or sport specialists. Allow athletes' goals to take precedence over their own.
8. Regularly seek ways of increasing professional development and self-awareness.



COACHING CODE OF CONDUCT



9. Treat opponents and officials with due respect, both in victory or defeat, and encourage team members to act accordingly. Actively encourage team members to uphold the rules of their sport and the spirit of such rules.
10. Clearly and honestly communicate team goals and objectives, as well as each individual's role on the team.

Coaches must:

1. Ensure the safety of the team members with whom they work.
2. At no time, become intimately and/or sexually involved with their athletes. This includes requests for sexual favours or threat of reprisal for the rejection of such requests.
3. Respect team member's dignity. Verbal or physical behaviours that constitute harassment or abuse are unacceptable.
4. Never advocate or condone the use of drugs or other banned performance-enhancing substances.
5. Never advocate or condone hazing or team initiations and actively promote an inclusive and positive environment for all team members.
6. Report any violations of the Code of Student Rights and Responsibilities, any suspected hazing incidents, and any violations of department policies to your department supervisor immediately.
7. Ensure own understanding of and compliance with the University's *Discrimination, Harassment and Sexual Harassment Policy*, and immediately elevate all incidents of possible bias, discrimination, harassment and/or hate to the Athletics Director.
8. Never provide underage athletes with alcohol.

Failure to abide by or blatant disregard for any portion of this Code of Conduct could result in a suspension or immediate removal from the coaching role.

I have read and understand the above statements and agree to conduct myself in a manner that demonstrates the standards established in this Coaching Code of Conduct.

Coach's Name (please print)

Coach's Signature

Date

All McMaster Coaching Code of Conduct forms must be submitted to Lauren Bahrami (crawfl@mcmaster.ca) prior to the Coach *undertaking any official duties*.

Appendix E

Athletic Sports Club

Budget --(SAMPLE)

Note: Submission occurs preseason, ½ season and post season

Date:	Proposed (Preseason) Approx. Sept.1 (or earlier)	½ Season Jan.1	Final Mar.1		
CFWD:	Aug.31	\$1000.79 (carry forward from previous year)			
INCOME:					
Reg. Fee	15 x\$30=	\$450	5x\$30=\$150	11x\$30=	\$330
Car Wash		\$ 25	-\$10.50		-\$10.50
Concession		\$100	\$100		\$147.10
Ergathon		\$200	\$190		\$190
Junior Prg.	30x\$10	\$300	-----	30x\$10	\$300
Other		\$450	\$450		\$400
Total Income		\$1525			\$1356.60
EXPENSES:					
York Meet	7x\$2=	\$14	\$14		\$14
U of T meet	5x\$3=	\$15	\$15		\$15
Coach	2x\$120	\$240	\$240		\$240
Lotto Tickets		\$20	\$20		\$20
Equipment(poles)		\$30	\$30		\$30
Equipment(tape)		\$5	\$5		\$5
Car Wash		\$9	\$9		\$9
Postage		\$21.50	\$21.50		\$21.50
Gas		\$80	\$80		\$80
Lodging		\$270	\$78.90		\$437.59
Food		\$100	\$26.85		\$57.99
Total Expenses		\$804.50			\$930.08
Proposed Income – Proposed Expenses=		\$720.50			
Final income – Final Expenses =		\$426.52			

CFWD would be \$1000.79 + \$426.52= \$1001.21

Appendix F
Athletic Sport Clubs

DEPOSIT SUMMARY

Date of Deposit: _____
 Deposited By: _____

Department/Ext: 26639

DEPOSIT DESCRIPTION (Brief description of monies being deposited including dates & details)

ex: Gate Income M. Basketball Jan. 15/02 | Entry Fees W. Volleyball Dec. 20/02 | NSF replacement Joe Smith Apparel | Guarantee M Basketball Jan. 15/02



METHOD OF PAYMENT	\$\$\$
CASH	0.00
CHEQUE	0.00
TOTAL CANADIAN	0.00
AMERICAN CASH	
AMERICAN CHEQUES	
TOTAL DEPOSIT	0.00

ACCOUNT NUMBER				AMOUNT	NOTES
20	450025	10072	63081	0.00	
20	450025	10072	63081	0.00	
TOTAL				0.00	

	x	\$100.00	=	\$0.00
	x	\$50.00	=	\$0.00
	x	\$20.00	=	\$0.00
	x	\$10.00	=	\$0.00
	x	\$5.00	=	\$0.00
	x	\$2.00	=	\$0.00
	x	\$1.00	=	\$0.00
	x	\$0.25	=	\$0.00
	x	\$0.10	=	\$0.00
	x	\$0.05	=	\$0.00
	x	\$0.01	=	\$0.00
TOTAL			\$	\$0.00

Appendix G

Athletic Sports Clubs

EMERGENCY ACTION PLAN

CLUB NAME: _____

ON CAMPUS: Please describe your club's emergency action plan for campus practices, competitions or other activities. List closest phone, chain of command, planned response if an emergency occurs.

OFF CAMPUS: Please describe your club's emergency action plan for off campus practices, competitions or other activities. List closest phone, chain of command, planned response if an emergency occurs.

Submitted by: _____ Title: _____

Date: _____

McMASTER ATHLETICS AND RECREATION PARTICIPATION WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. BY SIGNING, YOU GIVE UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

Completed forms must be returned prior to participation in the Activities.

Activities: (e.g. tryouts, competition):

This waiver does not affect accident and out-of-country travel insurance provided by McMaster University where applicable.

Acknowledgement and Assumption of Risk

I am aware that by participating in the Activities noted above, I will be exposed to many inherent risks, dangers and hazards (“Risks”) which are inherent on participation itself as well as on entering all lands, properties, facilities, structures, installations, vehicles or equipment owned, leased, operated or otherwise controlled by McMaster University (the “Premises”) that may result in, among other things, mild or severe illness, physical injury, partial or total disability, paralysis, death and/or property loss or damage. I acknowledge and accept the Risks voluntarily and understand that the activity is not mandatory. These Risks include, but are not limited to, risks and dangers arising from:

1. TERRAIN AND PHYSICAL ENVIRONMENT whether visible or not, and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, injury or loss arising from falls on steep, slippery or uneven terrain, imperfect venue or field of play conditions, tripping hazards, collision with natural or manmade objects, from falling trees or other objects, from obstructions and from other participants in the Activities.
2. EQUIPMENT, MACHINERY OR OTHER DEVICES including, without limitation, any equipment deployed in respect of my Activities or by others, and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, loss or injury arising from the use, misuse, malfunction or breakdown of any equipment, machinery or similar device that may be deployed or used.
3. TRAVEL including, without limitation, travel to and from any locales scheduled to be visited or not by any means whatsoever including without limitation public or private bus, motor vehicle, boat, aircraft, helicopter or similar craft and injury or accident from being the operator of a vehicle and loading/unloading equipment or supplies from vehicles and any manner of injury or loss of any nature whatsoever arising therefrom.
4. CORONAVIRUS (COVID-19) and/or a resurgence of the virus leading to COVID-19 or any mutation thereof, which can cause illness, injury and/or death. (a) the potential for bodily injury or illness (including contraction of COVID-19); (b) contact or interaction with others who may have been exposed to COVID-19; (c) close proximity to or contact with surfaces, equipment, fixtures, or other objects that, despite McMaster University’s efforts, may be infected with COVID-19 or other communicable illnesses;
5. WEATHER and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, loss or injury resulting from exposure to weather conditions, including but not limited to cold, heat, sunlight, snow, ice, wind, hail, rain, sleet, fog, mist or similar condition.

6. NON-HUMAN LIFE of any nature whatsoever, including without limitation, any animal, insect, fish, birds, fungus, vegetation, bacteria or virus and any injury or loss of any nature whatsoever occurring therefrom.
7. OTHER HAZARDS including without limitation participants of varying skill levels, the negligent use of the Premises by others; inadequate safety measures or unsafe Premises; other circumstances known, unknown or beyond the control of the university, negligence or omission of the university, hypothermia, allergens, noxious gases, electrocution, shock, drowning, chemicals (including, without limitation, herbicides, pesticides, acid and caustic bases), radioactive materials, radiation, x-rays or theft of property and any manner of injury whatsoever arising therefrom.

I agree with the foregoing and freely accept and fully assume all Risks and acknowledge the possibility of, and agree to be solely responsible for personal injury, illness, death, disability, property damage or loss resulting from the Risks.

Initial

Waiver of Liability for All Claims and Release of Liability

I release McMaster University its directors, officers, employees, agents, partners, sponsors, affiliates, therapists, volunteers and contractors (the "Released Parties") from all claims, costs, damages, liability or responsibility whatsoever for personal injury, property damage or wrongful death howsoever caused, including, but not limited to, the negligence of the Released Parties, whether passive or active, which arise from my participation in the event and related activities during my participation in A&R activities, events and/or my use of the University facilities due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care as well as any duty of care owned under the Occupiers Liability Act, on the part of the Released Parties, and also including the failure on the part of the Released Parties to safeguard or protect me from the risks, dangers and hazards of A&R activities, events and/or use of the University facilities.

I acknowledge and agree that my participation in the event and associated activities is a danger and may have inherent risks as a result of which personal injury, including death or property damage may occur and I accept and assume all such risks arising from the event and related activities and hereby waive my individual right to commence legal action against the Released Parties for all claims I, or my representatives, may have for such personal injury, death or property damage.

I agree to indemnify the Released Parties from and against any and all liabilities, claims, suits or actions, costs, damages and expenses (and without limiting the generality of the foregoing, any losses, costs, damages and expenses of the University, including costs as between a solicitor and his own client) from any and all liability for any damages to the personal property of, or personal injury to, any third party resulting from my participation in A&R activities, events and/or use of the University facilities and from any and all claims, demands, actions and costs which might arise out of my participation in the A&R activities, events and/or use of the University facilities, even if such claims, demands, actions and costs may have been caused by the negligence of the Released Parties;

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, representatives, or beneficiaries may have to sue the Released Parties resulting from my death or incapacity.

I am aware and understand that I am giving up legal rights to any and all future claims against the Released Parties.

This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction; and any litigation involving the parties to this Agreement shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario.

I acknowledge and agree with the foregoing and voluntarily accept the foregoing.

Initial

Medical Liability Waiver

I, accept and assume all risks, dangers, hazards and the possibility of personal injury that may result from my participation in varsity/club athletics at McMaster University.

I hold harmless, release and forever discharge McMaster University and the Department of Athletics and Recreation, their directors, coaches, staff, students and volunteers ("Released Parties") from any and all actions, causes of action, claims, and demands, loss of injury, resulting from or arising out of my participation in any aspect of Varsity/Club activities.

I also indemnify and save harmless McMaster University and the Department of Athletics and Recreation from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in such activities, by reason of demand to any and all property and any and all personal injuries, including death of others or myself.

I consent to the release of this and other relevant medical information, including any operative and consultation reports, hospital records and treatment logs to the McMaster University Department Athletics and Recreation and the David Braley Sport Medicine and Rehabilitation Centre. I also consent to the sharing of sport-related injury and health information with the McMaster Sport Medicine Team, which includes: Doctors, Athletic Therapists, Physiotherapists, Head Coach, Strength & Conditioning Coach/staff, Student Field Therapists and additional Allied Health Care practitioners.

This consent to release medical information is required by the Personal Health Information Act. A copy of this Act can be provided upon request.

I acknowledge and agree with the foregoing and voluntarily accept the foregoing.

Initial

COVID-19 Liability Waiver

I understand that the McMaster University Department of Athletics and Recreation, the Ron Joyce and Ivor Wynne Varsity Clinics, the David Braley Sport Medicine and Rehabilitation Centre and my

treating professionals have taken all reasonable precautions to minimize the risk of exposure to COVID-19. Despite these precautions, I understand there is no way to eliminate the risk completely.

I consent to treatment and do not hold the McMaster Athletics and Recreation Department, the David Braley Sport Medicine and Rehabilitation Centre and/or their associates liable if I should contract COVID-19.

I further acknowledge and agree to abide by the rules as set forth by the Department of Athletics and Recreation contained in the Department of Athletics and Recreation Guidebook and posted throughout the University facilities, including but not limited to, infection prevention and control as instructed, including social distancing, hand hygiene and wearing personal protective equipment. Failure to comply with the rules as set forth will be directed to the STUDENT CODE OF CONDUCT and may result in loss of privileges for all Athletics and Recreation facilities, programs and services. If at any time emergency medical treatment is necessary, I give my consent for treatment to be given. I authorize the University to take my photograph to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with the University.

I acknowledge and agree with the foregoing and voluntarily accept the foregoing.

Initial

Where participant is over 18 years of age:

I have read and understood this waiver and release prior to signing it and agree that this waiver and release will be binding on me, my heirs, next of kin, executors and administrators. I agree that this waiver and release is governed in all respects by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

Participant's Name (please print): _____
First Name **Last Name**

Signature: _____ **Dated:** _____

Where participant is under 18 years of age (to be completed by a parent or guardian):

I confirm that I have read and understood and explained to the participant this waiver and release prior to signing it and agree that this waiver and release will be binding on me, the participant minor and on my, and their, heirs, next of kin, executors and administrators. I agree that this waiver and release shall be governed in all respects by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

Parent/Guardian's Name (please print): _____
First Name **Last Name**

Signature: _____ **Dated:** _____

Signature of Witness: _____

Printed Name of Witness: _____

REVISED PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (rPAR-Q)

Par-Q is designed to help you help yourself. For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the box that is appropriate for you.

Yes No

- Has your doctor ever said you have a heart condition and recommended only medically approved physical activity?
- Do you have chest pain brought on by physical activity?
- Have you developed chest pain in the past month?
- Do you lose consciousness or lose your balance as a result of dizziness?
- Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
- Is your doctor currently prescribing medication for your blood pressure or heart condition?
- Are you aware, through your own experience or a doctor's advice, of any other reason why you should not exercise without medical approval?

NOTE: If you 1) answer YES to any question, or 2) are pregnant, or 3) are 70 years of age or older, consult your doctor before increasing your physical activity level. Failure to do so may increase your injury/health risk. If you have a temporary illness, postpone physical activity level. Failure to do so may increase your injury/health risk. If you have a temporary illness, postpone physical activity.

Initial

Notice of Collection of Personal Information:

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. Personal information is gathered, used and disclosed in accordance with the McMaster privacy policy and applicable legislation, including the Freedom of Information and Protection for Privacy Act (Ontario) ("FIPPA"). The information gathered will be used for the purposes of administering the Department of Athletics and Recreation Strength and Conditioning Programs, for statistical purposes and for other related purposes. Personal information provided on this form will not be used for any unrelated purpose without prior consent. This information is protected and is being collected pursuant to section 39(2) and section 42 of FIPPA.

Questions regarding the collection or use of this personal information should be directed to the Manager of Recreation Services in the Department of Athletics and Recreation, David Braley Athletic Centre, Room W124. For complete details of the McMaster University Policy on the Collection of Personal Information please visit: <http://www.mcmaster.ca/univsec/fippa/fippa.cfm>

Also incorporated into this Privacy Policy is McMaster University's statement on Collection of Personal Information and Protection of Privacy available at: http://www.mcmaster.ca/univsec/fippa/FIPPA_Statement.pdf



Appendix I

Athletic Sports Club

McMaster Medical Registration Process

Below is the link to Privit - our Electronic Medical Record keeping platform that allows us to collect, manage and process your protected health information. Through the creation of a personal Privit Profile, your Sport Medicine team will have access to relevant health history information that can help to identify those of you that may benefit from specific support or follow-up. It also serves as a platform to share valuable information, including policies, protocols and support mechanisms that are in place to support both staff and student athlete's physical and mental well-being. Lastly, it provides an opportunity to offer Education Modules aimed at improving the awareness and management of those individuals that may be at risk of injury or illness. Note: **The creation of a Privit Profile is mandatory for every Marauder SA, Coach and Support Staff members.**

This process, in its entirety, will take roughly ninety minutes to complete. You can elect to complete it all in one sitting or break it up in chunks.

We appreciate the difficulty OUA, and Club teams have in solidifying their rosters in advance, but we are unwilling to compromise a Student Athlete's safety for what is a friendly process, should a proactive approach be taken. Please encourage your athletes to start the process as soon as possible. Diligence will be required when educating walk-ons and ensuring that waivers (to be shared) are signed prior to tryouts. Signed waivers will be collected by Britt or Mack. As soon as a SA is identified as someone that will be making your roster, they should be instructed to complete their profile.

To access the McMaster Athletic Privit website landing page, go to <https://mcmasterathletics.privitprofile.ca/> and begin creating your profile. Returning athletes and staff that have already created a profile will use the same log in information from previous years. **Note: Profiles need to be updated on a yearly basis.**

There are three distinct sets of instructions:

1. **New and Transfer Student-Athletes** (student athletes competing for the first time with McMaster University, including transfer students)
2. **Returning Student-Athletes** (those that have played for a McMaster team in the past and have completed a Privit Profile)
3. **Coaches and Support Staff** *If you are new to Mac, please send me your email and cell number so that you can be added to Privit - you will receive a welcome message confirming that you have been added.

Student Athletes that are new to McMaster (Freshman, Transfers, Grad Students) are required to have a physical exam completed prior to competition. These athletes are encouraged to have their family physician perform the exam if possible. Alternatively, they can book an appointment with one of our Sport Medicine physicians in the DBAC Clinic. Our Sport Medicine physicians will do their best to accommodate those in need of a physical. Note: There is a \$100 fee for physicals done in the DBAC Clinic. Family physicians can bill OHIP for the service, and thus most do not charge.

Completion Timelines:

- Privit profiles are to be completed prior **to competition.**
- Physicals for New and Transfer Students will be required to have been completed by a physician and uploaded back into your profile by **within 14 days of the team's first tryout.**
- The final step - Upon completion, Profiles will be reviewed by a McMaster Sport Medicine Staff member at which point medical clearance will be assigned. Only those SA that have been CLEARED will be permitted to compete. It is at this time that any student athlete with a concern or 'red flag' (Mental Health, Nutrition, Sleep, Orthopedic etc.) is followed up with to ensure that they have the necessary supports in place to get help.

All technical Privit specific questions should be directed to the **Privit Help desk at 1-844-234- HELP (4357)** available Monday – Friday 8:00 AM - 5:00 PM Eastern Time.

If you have questions or concerns regarding the process, please contact Chris Puskas directly by texting 289 925 3856 or emailing puskasc@mcmaster.ca



Injury / Incident Report

 NO INJURY INJURY**INSTRUCTIONS ON PAGE 3** Hazardous Situation First Aid Healthcare Lost Time No First Aid**IMPORTANT – IF PERSONAL INJURY IS INVOLVED, FORM MUST BE SUBMITTED WITHIN 24 HOURS OF THE INCIDENT TO EITHER ENVIRONMENTAL & OCCUPATIONAL HEALTH SUPPORT SERVICES (EMAIL: EOHSS@MCMASTER.CA | GILMOUR HALL ROOM 304) OR FACULTY OF HEALTH SCIENCES SAFETY OFFICE (EMAIL: FHSSO@MCMASTER.CA | HEALTH SCIENCES CENTRE ROOM 1J11A)****SECTION 1: INFORMATION OF PERSON WHO WAS INJURED/ INVOLVED IN INCIDENT/REPORTING HAZARDOUS SITUATION**

LAST NAME	FIRST NAME	EMPLOYEE / STUDENT ID # (if applicable)
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DEPARTMENT/FACULTY/UNIT	CONTACT #	Occupation at the time of injury/incident/hazardous situation: _____
		Years of service to McMaster in occupation: _____

AFFILIATION EMPLOYEE STUDENT OTHER (Please specify): _____

UNION/EMPLOYEE GROUP THE BUC CUPE IUOE MUALA MUFA SEIU TMG UNIFOR OTHER: _____

DD/MM/YY OF INCIDENT	TIME OF DAY <input type="checkbox"/> AM <input type="checkbox"/> PM	DD/MM/YY REPORTED	TIME OF DAY <input type="checkbox"/> AM <input type="checkbox"/> PM
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DESCRIPTION OF INCIDENT/INJURY/HAZARD **INCIDENT LOCATION (I.E BLDG NAME):** _____ **ROOM #:** _____

(1) Describe what happened to cause the accident/illness/hazardous situation and what the individual was doing at the time (lifting a 50lb. object, slipped on wet floor, repetitive movements, etc.). Include what the injury/hazardous situation is and any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have contributed.

(2) How could the event have been avoided?

SUDDEN SPECIFIC EVENT/OCCURANCE GRADUALLY OCCURRING OVER TIME ADDITIONAL INFORMATION ATTACHED

NAME AND CONTACT INFORMATION OF WITNESSES

AREA OF INJURY (Check all that apply)

<input type="checkbox"/> Head <input type="checkbox"/> Teeth <input type="checkbox"/> Upper Back <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Lower Back <input type="checkbox"/> Eye(s) <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Ear(s) <input type="checkbox"/> Pelvis <input type="checkbox"/> Other _____	Left Right <input type="checkbox"/> Shoulder <input type="checkbox"/> <input type="checkbox"/> Arm <input type="checkbox"/> <input type="checkbox"/> Elbow <input type="checkbox"/> <input type="checkbox"/> Forearm <input type="checkbox"/>	Left Right <input type="checkbox"/> Wrist <input type="checkbox"/> <input type="checkbox"/> Hand <input type="checkbox"/> <input type="checkbox"/> Finger(s) <input type="checkbox"/>	Left Right <input type="checkbox"/> Hip <input type="checkbox"/> <input type="checkbox"/> Thigh <input type="checkbox"/> <input type="checkbox"/> Knee <input type="checkbox"/> <input type="checkbox"/> Lower Leg <input type="checkbox"/>	Left Right <input type="checkbox"/> Ankle <input type="checkbox"/> <input type="checkbox"/> Foot <input type="checkbox"/> <input type="checkbox"/> Toes(s) <input type="checkbox"/>	DOMINANT HAND <input type="checkbox"/> Left <input type="checkbox"/> Right
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HAVE YOU HAD A PREVIOUS OR SIMILAR INJURY? YES NO

REASON FOR REPORT (Check all that apply)

<input type="checkbox"/> Abrasion/Contusion <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Animal/Insect Bite <input type="checkbox"/> Blood/Body Fluid Exposure <input type="checkbox"/> Burn <input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Fire/ Explosion <input type="checkbox"/> Fracture <input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Heat Stress <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Medical Symptoms	<input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Needle stick <input type="checkbox"/> Overexertion <input type="checkbox"/> Psychological <input type="checkbox"/> Slip/Trip /Fall <input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Struck/Caught <input type="checkbox"/> Violence/Harassment <input type="checkbox"/> Other: _____
--	--	---	---

NAME OF ATTENDING PHYSICIAN (To be completed only if healthcare obtained) _____	TREATMENT OF INJURY <input type="checkbox"/> Emergency <input type="checkbox"/> None <input type="checkbox"/> Family Physician <input type="checkbox"/> Walk-In Clinic <input type="checkbox"/> Other (Please specify) _____
TEL: _____ DATE OF HEALTHCARE: _____	

SECTION 2: TO BE COMPLETED BY SUPERVISOR

LOST TIME INCIDENT ONLY

Scheduled Shift on Day of Injury	Date/Time Last Worked	Date/Time Returned to Work <input type="checkbox"/> regular work <input type="checkbox"/> modified work	Regular Days & Hours of Work: S M T W TH F SA _____
		Has the employee been offered modified work <input type="checkbox"/> YES <input type="checkbox"/> NO	

After the day of accident/incident this worker

Returned to his/her **regular job** and **has not** lost any time and/or earnings

Returned to **modified work** and **has not** lost any time and/or earnings.

Has lost time and/or earnings.

CONTRIBUTING FACTORS

WHAT CONDITIONS CONTRIBUTED TO THE INCIDENT/INJURY/HAZARDOUS SITUATION (✓)
 (Check all that apply).

- | | |
|---|--|
| 1 <input type="checkbox"/> OPERATING WITHOUT AUTHORITY | 9 <input type="checkbox"/> UNSAFE PRACTICE |
| 2 <input type="checkbox"/> INSUFFICIENT TRAINING | 10 <input type="checkbox"/> HAZARDOUS ENVIRONMENTAL CONDITION |
| 3 <input type="checkbox"/> UNSAFE EQUIPMENT/POOR DESIGN | 11 <input type="checkbox"/> DISTRACTING, TEASING, WILLFUL MISCONDUCT |
| 4 <input type="checkbox"/> IMPROPER POSITION OR POSTURE | 12 <input type="checkbox"/> OTHER (EXPLAIN): _____ |
| 5 <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES | |
| 6 <input type="checkbox"/> NOT GUARDED OR IMPROPERLY GUARDED | |
| 7 <input type="checkbox"/> FIRE, EXPLOSION HAZARD | |
| 8 <input type="checkbox"/> POOR HOUSKEEPING | |

To your knowledge has the employee had a previous similar injury? YES NO

IN ADDITION TO THE CHECKLIST, PLEASE DESCRIBE IN DETAIL THE CAUSE(S) OF EVENT – ROOT CAUSES WHICH COULD INCLUDE ANY OR ALL OF THE FOLLOWING: PHYSICAL CAUSES, HUMAN CAUSES, AND ORGANIZATIONAL CAUSES.

DETAILS OF PROPERTY DAMAGE (IF APPLICABLE):

CORRECTIVE MEASURES

ACTIONS TO PREVENT RECURRENCE (✓) (Check all that apply).

- | | |
|--|---|
| 1. <input type="checkbox"/> REINSTRUCTION OF PERSON INVOLVED | 8. <input type="checkbox"/> ACTIONS TO IMPROVE WORK PROCEDURE |
| 2. <input type="checkbox"/> REASSIGNMENT OF PERSON | 9. <input type="checkbox"/> CHECK WITH MANUFACTURER |
| 3. <input type="checkbox"/> ERGONOMIC ASSESSMENT | 10. <input type="checkbox"/> DISCIPLINE OF PERSONS INVOLVED |
| 4. <input type="checkbox"/> IMPROVED PERSONAL PROTECTIVE EQUIPMENT | 11. <input type="checkbox"/> COMMUNICATION TO THE REPOSIBLE PERSON/DEPARTMENT |
| 5. <input type="checkbox"/> EQUIPMENT REPAIR OR REPLACEMENT | 12. <input type="checkbox"/> CONTACT FACILITY SERVICES |
| 6. <input type="checkbox"/> CORRECTION OF CONGESTED AREA | 13. <input type="checkbox"/> OTHER (EXPLAIN): _____ |
| 7. <input type="checkbox"/> INSTALLATION OF GUARD OR SAFETY DEVICE | |

IN ADDITION TO THE CHECKLIST, PLEASE DESCRIBE IN DETAIL CORRECTIVE MEASURES TO PREVENT RECURRENCE

PERSON RESPONSIBLE FOR ACTION: _____	COMPLETION DATE: _____
--------------------------------------	------------------------

SIGNATURES

I certify that the above information I provided is true and complete to the best of my knowledge.

PERSON INVOLVED in INCIDENT/INJURY/HAZARDOUS SITUATION (PRINT NAME)	DATED _____	SIGNATURE _____
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I certify that the above information in section 2 is true and complete to the best of my knowledge.

SUPERVISOR/EXTENSION # (PRINT NAME)	DATED _____	SIGNATURE _____
-------------------------------------	-------------	-----------------

DEPARTMENT CHAIR, MANAGER OR DIRECTOR (PRINT NAME)	DATED _____	SIGNATURE _____
--	-------------	-----------------

Instructions for Completing Form

The employee has the responsibility of reporting incidents promptly. The employee and the supervisor must fill out this form and the employee, supervisor and department chair, manager or director must sign it. The supervisor is responsible for investigating the accident and for ensuring corrective action to prevent a recurrence of the incident for due diligence purposes. If personal injury is involved, all appropriate procedures must be followed (please refer to RMM 1000 and 1002). The report must be forwarded immediately to Environmental and Occupational Health Support Services by email at ehss@mcmaster.ca, or for areas in the Faculty of Health Sciences, forward to the Faculty of Health Sciences Safety Office by email to fhss@mcmaster.ca. If you require additional assistance, please contact Environmental & Occupational Health Support Services at ext. 24352 or the Faculty of Health Sciences Safety Office at ext. 24956.

TYPES OF INCIDENTS TO REPORT

HAZARDOUS SITUATION – Refers to an incident caused by an unsafe act, an unsafe condition or a combination of both in the work environment which could have resulted in property loss and/or physical harm.

FIRST AID INJURY – An injury of such minor nature that treatment can be carried out by application of a band aid, cold compress or any other content of a first aid kit.

HEALTHCARE INJURY – An incident which requires treatment or service rendered by a health care professional but does not result in time lost from work other than the day of injury.

LOST TIME INJURY – Refers to an injury which results in time lost from work **beyond the day** of the injury.

BLOOD / BODY FLUID EXPOSURE – Refers to exposure to body fluids with the capability of transmitting disease organisms, i.e. blood, seminal fluid, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid and tissues.

Critical Injury is defined as an injury of a serious nature that:

- places life in jeopardy;
- produces unconsciousness;
- results in substantial loss of blood;
- involves the fracture of a leg or arm, but not a finger or toe;
- involves the amputation of a leg, arm, hand or foot, but not finger or toe;
- consists of burns to a major portion of the body; or
- causes the loss of sight in an eye.

In the case of a critical injury, supervisors are responsible for:

1. Securing the accident site and ensure that further injury is prevented.
2. Immediately arranging for medical and emergency assistance by call Security at “88” or “5555” at host hospitals and “911” at any other off-campus locations.
3. Immediately notifying Environmental and Occupational Health Support Services at ext. 24352 and communicate details of the incident.
4. Ensure that the site remains undisturbed until Environmental and Occupational Health Support Services provide clearance.
5. Cooperating with directives from Environmental and Occupational Health Support Services and the Ministry of Labour.

RESPONSIBILITIES

Employee Responsibilities

1. Promptly receive appropriate medical treatment.
2. Notify supervisor as soon as possible of injury and any related healthcare.
3. Assist with the completion of Injury/Incident form and sign it.
4. Assist in the incident investigation and implementation of any corrective action.
5. Adhere to the legal requirements of WSIB and participate in McMaster University's Return to Work Program if modified work and/or lost time results from a work related injury.

Supervisor Responsibilities

1. Ensure that the injured employee receives appropriate medical treatment in the case of personal injury.
2. Provide transportation for the injured employee to a healthcare practitioner or Emergency and provide a Functional Abilities Form.
3. Report the injury/incident to Environmental and Occupational Health Support Services or the Faculty of Health Sciences Safety Office using the Injury/Incident Form.
4. Investigate the incident as soon as possible and take corrective actions when appropriate to prevent reoccurrence.
5. Inform Environmental and Occupational Health Support Services and Employee Health Services promptly if an employee has been diagnosed with an occupational disease.
6. Inform Employee Health Services if healthcare was sought and/or employee lost time from work, of any return to work or any change in the employee's status. Contact information available at <https://hr.mcmaster.ca/about-us/our-people/>
7. If person responsible for corrective measures/completion date is unknown, the Incident/Injury report is to be submitted with this information to follow when available.
8. If the Supervisor or Department Chair, Manager or Director is unavailable to sign the injury/incident report, the report should be submitted with all available signatures and resubmitted with remaining signatures when possible.

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on the behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990)*.

Questions regarding the collection or use of this personal information should be directed to the University Secretariat, Gilmour Hall, Room 210, McMaster University.

In addition to collecting personal information for its own purposes, McMaster University collects specific and limited personal information on behalf of the McMaster Student Union, the McMaster Association of Part-time Students and/or the McMaster Graduate Students Association. The groups use the information for the purpose of membership, administration, elections, annual general meetings, health plans and other related matters only. Please contact the relevant Student Union/Association office if you have questions about this collection, use and disclosure of your personal information.



CERTIFICATE OF INSURANCE REQUEST FORM

A certificate of insurance is a document that serves as proof of insurance coverage. The purpose of a certificate of insurance is to provide evidence that insurance coverage exists for a particular risk.

The following form is required when an external organization is requesting proof of insurance from McMaster University. Please complete all sections of this form and return by email to Chief Risk Office Mailbox at entrisk@mcmaster.ca

Please note: The 'Certificate Holder' below is the external organization that requires the insurance certificate, it is not McMaster University, as McMaster is the 'Insured' in this case.

Certificate Holder Contact Information

Organization Name

Organization Street, City, Province, Postal Code & Country

Contact Name

Contact Title

Contact Phone Number

Activity Details

Specific Activity

Activity Dates

Who is Performing Activity

Location of Activity

If the Certificate Holder has not requested any of the other information below, please leave it blank. Insurance Minimum is \$2 Million.

Limit of Insurance Required

Additional Insured

Yes No

Do you require proof of Errors & Omissions Insurance?

Yes No If Yes, Select

Require proof of Property Insurance?

Yes No If Yes, Select

Additional Insured

Yes No

Do you require proof Cyber Insurance?

Yes No If Yes, Select

Clauses

Cross Liability

Notice of Cancellation

Waiver of Subrogation

Loss Payee Mortgagee

Comments/Special Instructions

Please complete and present this form to your Coach. Travel release is for a student-athlete driving a private vehicle or traveling independently for a University sponsored trip. This form must be on file prior to the date of the trip.

Please attach a copy of your license and insurance information.

DRIVER INFORMATION

Name of Driver: _____

Student: _____ Staff: _____ Trainer: _____ Other: _____

Team: _____

Driver's License Number: _____ Province Issue: _____

Expiry: (mm/dd/yyyy) _____ Class (G2, G) _____

DRIVER RECORD

Number of years driving: ()

Current # of demerit points on your license: ()

Do you have any impending driving infractions? Yes () No ()

Has your license ever been suspended? (If yes, please provide a brief explanation on the nature of suspension below.) Yes () No () _____

I understand that McMaster University, the department of Sports and Recreation Services and its affiliates are not responsible for any injury or accident that may occur. Furthermore, I assume responsibility for all of my actions and activities before I join or once I leave the company of the team/group.

Signature

Date

Conditions of Use of McMaster University vehicle(s), owned, leased, rented:

1. Use of University vehicle(s) is limited to sanctioned University business only. Personal use of any University vehicle is strictly prohibited unless declared and agreed to prior to use by the insurance carrier
2. Fines and tickets associated with the use of a McMaster University vehicle are the financial responsibility of the driver.
3. Permission to use the 407 Toll Road must be obtained in advance from Athletics and Recreation that will absorb the toll charges.

Appendix M
Athletic Sports Club

**INDEPENDENT TRAVEL ASSUMPTION OF RISK
AND RELEASE OF LIABILITY FORM**

NAME:	STUDENT #:
PHONE:	EMAIL:
GROUP/TEAM:	

This will serve as confirmation that I will be traveling independently to/from:

LOCATION/EVENT:	DATE:
-----------------	-------

By signing below, I acknowledge the following:

- That I declined to use the travel arrangements provided by McMaster University specifically for this event;
- That I will make alternate travel arrangements and accept all risks associated with these arrangements;
- That I understand the ramifications of this decision and assume full responsibility for my actions and well-being while traveling independently;
- That I am aware of when and where I am to be regarding the above-noted event, and accept the consequences if I arrive late; and
- That I release McMaster University from any and all liability for any loss that occurs as a result of my decision to make the above-noted independent travel arrangements

Signed this _____ day of _____, 20____
(number of day) (month) (year)

Signature of Student

Name of Trip Leader

Signature of Trip Leader

BUS ROSTER

Team:

Date:

Emergency Contact (name/cell phone):

All bus trips must submit this form to Sheryll Competente (scompete@mcmaster.ca) no later than 48 hours prior to departure. Any changes to this list must be communicated to Sheryll immediately via text ([289-455-4842](tel:289-455-4842)) or email. Whenever on the bus, this form must be 100% accurate. In case of an emergency, Sheryll must have accurate information

	Name	Athlete; Coach; Therapist; Other	On Bus	Not on Bus	Return Trip	
					YES	NO
1	Example: Matt Smith	<i>Athlete</i>	X			X returning with parent
2						
3						
4						
5						
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7						
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