



2016-2017

Dear Parent/Guardian:

DMCI is once again running an interschool Ultimate Frisbee Team. This is a high paced, highly competitive game. Most games will take place on Tuesday and Thursday at Assiniboine Park, Churchill Drive Park, OR St. John's Ravenscourt from 4:30 to 6:00 pm. Practices are being held every Monday and Wednesday morning at 7:15 am. Very little equipment is required for ultimate, but each player **MUST** have a pair of soccer or football cleats (they cannot be metal cleats). Please ensure that athletes are dressed for the weather and have water with them for games and practices! Students will be transported to games mainly via Winnipeg Transit. Parents are encouraged to help give rides if possible.

The **MODS league** (our governing body, check them out at [www.mods.mb.ca](http://www.mods.mb.ca)) also requires that each player sign a waiver (every season). This helps to cover insurance that each player receives through the league. Normally a \$15 fee is collected in the **spring** and covers the athlete for the duration of the year. Players new to the game this fall **will not** have to pay this fee until the spring season. It is recommend that students have their own accident insurance as well.

If you don't own a disc, we are encouraging all players to purchase a DMCI disc at \$12. Players who can sell four (this includes the one you buy!) discs will have their memberships paid for in the spring. See your coaches for information on selling discs.

**\*\*\*\* All permission (DMCI and MODS) slips, medical forms, and money MUST be returned BY SEPTEMBER 12, 2016 to Ms. Hoogsteen. (No permission and medical forms...NO PLAY!) \*\*\*\***

Hope to see you at the fields. It's going to be a great season! If you have any questions feel free to contact any of the coaches here at the school! Here are some upcoming tournaments:

- **Games Start Sep. 13 every Tuesday and Thursday until Oct. 13.**
- **HOLD BACK THE SNOW TOURNAMENT – Oct. 15 and 16 @ Assiniboine Park.**

Thank you.

Sincerely,

M. Hegel  
D. Hoogsteen

Catch us on FaceBook!



Please feel free to contact me, **Mr. Hegel**, here at the school with any questions you may have.

**Daniel McIntyre Collegiate Permission/Medical Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical # (6 digits): \_\_\_\_\_ Personal ID # (9 digits): \_\_\_\_\_

Relevant Medical History:

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

Does the player carry and know how to administer his/her own medications? Y\_\_ N\_\_

Other Conditions: \_\_\_\_\_

Completion of this medical form and signature below indicates parental/guardian permission for our son/daughter to participate in DMCI Ultimate in the fall of 2015.

☐ I am able to give rides to / from games. (Please check if applicable)

Athlete's name: \_\_\_\_\_

Parental name: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2016 MODS ASSUMPTION of RISK FORM

In consideration of being allowed to participate in any way in the Manitoba Organization of Disc Sports (M.O.D.S.) programs, related events and activities, I acknowledge, appreciate, and agree that:

1. I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including traumatic brain injury, permanent disability and death, and severe social and economic losses which may result not only from my own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I accept personal responsibility for the damages following such injury, including traumatic brain injury, permanent disability or death.
2. I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation.
3. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I consent for M.O.D.S. to use my name for the purposes of posting league or tournament team rosters online, as well as in connection with my participation in other M.O.D.S. activities, including volunteer efforts.
5. I hereby authorize and give my full consent to M.O.D.S. to copyright and/or publish any and all photographs, video and/or broadcasts in which I appear while attending any M.O.D.S. program, event, or activity. I further grant that M.O.D.S. may transfer, use or cause to be used, photographs, video, or broadcasts for promotional materials, publications, marketing materials, and advertising without limitation or reservation. I understand that there will be no compensation or remuneration for the use of the photographs, video or broadcasts.

I have read this assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by agreeing to it, and agree to its terms freely and voluntarily without any inducement.

Participant Name (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

Postal Code \_\_\_\_\_

School: \_\_\_\_\_

Participant Signature \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

### OPTIONAL – ONLINE PROFILE INFORMATION

This section does not need to be completed for the waiver to be valid. Online profiles can also be created on the MODS website ([www.mods.mb.ca](http://www.mods.mb.ca))

Desired Website User Name: \_\_\_\_\_ Password: \_\_\_\_\_

Lost Password Question (Circle one)

First pets name   Mother's maiden name   Favourite cartoon character

First job   Favourite color   City of birth   Uncle's brother's child

Lost Password Answer: \_\_\_\_\_

## **DMCI ULTIMATE HOODIE ORDER**

If you are interested in ordering a DMCI Hoodie that will be produced right here, please cheque your size below and include a \$25 payment.

Name: \_\_\_\_\_

SIZE:

Small\_\_\_\_ Medium\_\_\_\_ Large\_\_\_\_ XLarge\_\_\_\_ XXLlarge\_\_\_\_

PAYMENT:

\_\_\_\_\_ \$25.00

