



REGISTRATION FORM

Multi-Sport Modules

INTRODUCTION TO COMPETITION – Part A

Must be 16 years of age or older by course date to enroll.

Weekend Course FRIDAY 7:00PM-10:30PM; SATURDAY: 8:30AM-5:30PM

NCCP - MAKING ETHICAL DECISIONS

- Standalone MED Clinic 3.5 hour course 6:30pm-10:00pm
➤ Part A Integrated MED – times vary- Friday evenings or Saturday mornings; call for more info.

2016 December 2 & 3 2017 January 13 & 14 April 14 & 15 June 16 & 17

MED Standalone Thursday, June 8

INTRODUCTION TO COMPETITION – Part B

Must be 16 years of age or older by course date to enroll.

SATURDAY: 9:00AM-5:00PM; SUNDAY: 9:00AM-5:00PM

2016 October 29, Oct 30th 2017 February 11 & 12 May 13 & 14

Other Potential Clinics (on an as needed basis, fees will not be collected until the class is filled):

Table with 2 columns: Clinic Name and Fee. Includes Aboriginal Coaching (\$50), Fundamental Movement Skills (\$65), CAS Intro to Coaching (\$30), Sports Medicine First Aid (\$30), and Sports Medicine Sport Taping (\$30).

Potential Dates: (Circle all dates that you would consider attending)

2016 November 19, November 26 2017 January 19, March 18 & March 25

FEES for Clinics:

Table with 2 columns: Clinic Name and Fee. Includes Introduction to Competition - Part A (\$85), Introduction to Competition - Part B (\$85), and MED or Other Individual Sport Modules (\$30).

FEES PAYABLE to: Saskatoon Sports Council

METHOD of PAYMENT: Cheque or Cash

MAILING Address: 510 Cynthia Street, Saskatoon, SK S7L 7K7 OR drop off this form & payment in person

COURSE Location: Room 122/123 or 201, 510 Cynthia Street, Saskatoon

- Certification is based on attendance at all sessions and satisfactory completion of work assignments.
- An Agenda and receipt will be sent to registrants upon receipt of course payment.
- No refunds 48 hours before course commencement.
- Attendance is limited to the first 24 PAID registrants. For more info, call 975-0800 OR 975-0830

REGISTRANT INFORMATION:

Name: Sport:

Address: Postal Code:

PHONE: DAYTIME: CELL #:

Course Date Registering For: Email Address:

FOR OFFICE USE: CASH CHEQUE # DATE: