



APPLICATION FORM FOR HOSTING AN ATHLETIC INJURY MANAGEMENT COURSE

THIS AGREEMENT MADE THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ BETWEEN:
Day Month Year

THE SPORT MEDICINE COUNCIL OF ALBERTA (hereinafter referred to as the SMCA) AND:

(Hereinafter referred to as the Host)

WHEREAS the above parties are desirous of presenting the ATHLETIC INJURY MANAGEMENT course to members of the public;
THE PARTIES HEREBY AGREE AS FOLLOWS:

1. The SMCA will be responsible to provide a course conductor to teach the ATHLETIC INJURY MANAGEMENT course on the date(s) and time(s) agreed to by the parties as set out in the APPLICATION FORM FOR HOSTING (page 2)

2. The SMCA will arrange and pay for the following expenses, such expenses to be paid by the SMCA from the proceeds of the registration fees of persons attending the course:
a) First aid supplies and manuals
b) 50% of all conductor expenses as outlined by the SMCA conductor expense form. (Mileage: 0.50¢/km, accommodations, and incidentals) SMCA will cover up to a maximum of \$500.00 for their 50% contribution

3. The HOST will arrange and pay for the following expenses:
a) To advertise for and register participants for the course
b) To collect the registration fee from each participant and to remit the sum of \$55.00 (GST excluded) per participant to the SMCA after the course, upon receipt of invoice
c) Courier charges both to and from the course location (based on weight, size, and distance) Charges will be added to final invoice
d) 50% of all conductor expenses (Mileage: 0.50¢/km, accommodations, and incidentals) SMCA will cover up to a maximum of \$500.00 for their 50% contribution
e) A non-refundable \$100.00 credit card deposit is due upon agreement of course
f) To remit the course conductor honorarium of \$260.00 to the SMCA after the course, upon receipt of invoice
g) To arrange for the facility where the course will be conducted. Facility needs to be of adequate size and to include a data projector and laptop. (We can supply projector and laptop if needed)
h) To ensure that the material supplied is returned to the SMCA within one week after the course is completed
i) The cost of any and all course items returned to the SMCA damaged that need to be replaced

4. The Parties will jointly agree upon the date and time for the course, and the minimum number of participants necessary. Failing agreement by the parties, the decision of the SMCA in these matters will be binding upon both Parties

IN WITNESS WHEREOF THE PARTIES have set their hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_
at the City of Edmonton, in the Province of Alberta. Day Month Year

Host Signature

Sport Medicine Council of Alberta Signature



**APPLICATION FORM FOR HOSTING AN ATHLETIC INJURY MANAGEMENT COURSE**

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City Province Postal Code*

Date(s) of course: \_\_\_\_\_

Time(s) of course: \_\_\_\_\_

Location of course: \_\_\_\_\_

Address for Shipping of  
Supplies: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City Province Postal Code*

Contact Phone Number  
for day of event: \_\_\_\_\_

**Credit Card Information for Non-Refundable Deposit (VISA or MasterCard only)**

Credit Card Number: \_\_\_\_\_

\_\_\_\_\_  
*Expiry (MM/YYYY)*

\_\_\_\_\_  
*CVV*

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