



**ACKNOWLEDGMENT OF RISK  
COVID-19**

The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is known to spread mainly by contact from person to person. Consequently, local, provincial and federal governmental authorities recommend various measures and prohibit a variety of behaviors, in order to reduce the spread of the virus.

- a) Football Quebec and its members, which (*Sun Youth/QMFL/QBFL/MRFL*) is part of, commit themselves to comply with the requirements and recommendations of Quebec' Public health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, Football Quebec and (*Sun Youth/QMFL/QBFL/MRFL*) cannot guarantee that you (or your child, if participant is a minor/ or the person you are the tutor or legal guardian of) will not become infected with COVID-19. Further, attending the Activities could increase your risk of contracting COVID-19, despite all preventative measures put in place.

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By signing this document,

- 1) I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) could be exposed or infected by COVID-19 by participating in Football Quebec or (*Sun Youth/QMFL/QBFL/MRFL*)'s activities. Being exposed or infected by COVID-19 may particularly lead to injuries, diseases or other illnesses.
- 2) I declare that I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) am participating voluntarily in Football Quebec or (*Sun Youth/QMFL/QBFL/MRFL*)'s activities.
- 3) I declare that neither I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) nor anyone in my household, have experienced cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing).

- 4) If I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) experience, or if anyone in my household experiences any cold or flu-like symptoms after submitting this declaration, I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) will not attend any of Football Quebec or (*Sun Youth/QMFL/QBFL/MRFL*)'s activities, programs or services until at least 14 days have passed since those symptoms were last experienced.
- 5) I have not (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of), nor has any member of my household, travelled to or had a lay-over in any country outside Canada, or in any Province outside of Quebec, in the past 14 days. If I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) travel, or if anyone in my household travels, outside the Province of Quebec after submitting this declaration, I (or my child, if participant is a minor/ or the person I am the tutor or legal guardian of) will not attend any of Football Quebec or (*Sun Youth/QMFL/QBFL/MRFL*)'s activities, programs or services until at least 14 days have passed since the date of return.

This document will remain in effect until Football Quebec or (*Sun Youth/QMFL/QBFL/MRFL*), per the direction of the provincial government and provincial health officials, determines that the acknowledgments in this declaration are no longer required.

I HAVE SIGNED THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE.

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Name of participant (print)

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Name of parent/tutor/ legal guardian  
(print)  
(if participant is minor or cannot legally  
give consent)

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Signature of participant

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Signature of parent/tutor/legal guardian

Place/Date: \_\_\_\_\_



> THÉRAPIE DU SPORT <

MEDICAL HISTORY QUESTIONNAIRE



NAME: \_\_\_\_\_
CELL #: \_\_\_\_\_
HOME #: \_\_\_\_\_
E-MAIL ADDRESS: \_\_\_\_\_
HEALTHCARE #: \_\_\_\_\_
EXPIRY DATE: \_\_\_\_\_
DATE OF BIRTH: \_\_\_\_\_

POSITION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
PARENT/GUARDIAN
NAME: \_\_\_\_\_
PHONE #: \_\_\_\_\_
NAME: \_\_\_\_\_
PHONE #: \_\_\_\_\_

PLEASE CHECK YES OR NO ANSWERS
FOR ALL YES, PLEASE GIVE DETAILS OF INJURY (WHAT SIDE, DATE, TREATMENT RECEIVED)

GENERAL

Have you had a serious illness or injury in the past 12 months? YES NO
Do you have any chronic medical problems or illness? YES NO
Do you have respiratory or breathing problems? YES NO
Do you have any allergies? YES NO
Are you taking medication, including asthma medication or pumps? YES NO
Have you ever had heat stroke? YES NO
Have you ever experienced an epileptic episode? YES NO
Have you ever been hospitalized and/or received surgery for a condition? YES NO
Have you ever been advised to stop exercise due to a medical condition? YES NO
If you replied YES to any one of the above questions, please elaborate and give further details (dates, treatment received, etc.)

HEAD AND NECK

Have you ever been diagnosed with a concussion? If YES, please indicate the dates and how long the recovery was. YES NO

Do you feel any of the following symptoms on a regular basis:

- \_\_\_ Headache \_\_\_ Pressure in the head \_\_\_ Neck pain
\_\_\_ Nausea \_\_\_ Dizziness \_\_\_ Double vision
\_\_\_ Balance problems \_\_\_ Sensitivity to light \_\_\_ Sensitivity to noise
\_\_\_ Feeling slowed down \_\_\_ Feeling in a fog \_\_\_ "don't feel right"
\_\_\_ Difficulty remembering \_\_\_ Difficulty concentrating \_\_\_ Fatigue or low energy
\_\_\_ Confusion \_\_\_ Trouble falling asleep \_\_\_ Difficulty falling asleep
\_\_\_ Heightened emotions \_\_\_ Irritability \_\_\_ Sadness
\_\_\_ Nervousness or anxiousness

Have you ever fractured a bone in your head, face or neck? YES NO
Have you ever had an eye injury? YES NO
Do you wear contacts or glasses? YES NO
Do you wear any dental appliances? YES NO
Are you missing any teeth? YES NO
If you replied YES to any one of the above questions, please elaborate and give further details (dates, treatment received, etc.)

During exercise, have you ever:

a) fainted? YES NO
b) experienced unusual dizziness? YES NO
c) felt chest pain? YES NO

**Have you been diagnosed with any of the following medical conditions?**

- |                                         |     |    |
|-----------------------------------------|-----|----|
| a) Hypertension or high blood pressure? | YES | NO |
| b) High cholesterol?                    | YES | NO |
| c) A heart murmur?                      | YES | NO |
| d) A heart arrhythmia?                  | YES | NO |
| e) A history of heart conditions?       | YES | NO |

If you replied YES to any one of the above questions, please elaborate and give further details (dates, treatment received, etc.)

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Have you ever been diagnosed with a learning disorder such as ADHD? YES NO

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Have you been in a motor vehicle accident or any other high speed collision? YES NO

If you replied YES, please elaborate and give further details (dates, treatment received, etc.)

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Have you ever fractured a bone? YES NO

Have you ever dislocated or subluxed your shoulder, elbow, hip or knee? YES NO

Do you have any metal plates or medical implants as a result of surgery? YES NO

Have you ever had a severe ligament sprain? YES NO

Have you ever had a severe muscle strain? YES NO

Do you wear any orthopaedic braces for the above conditions? YES NO

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Do you have back pain? If YES, how frequently? YES NO

Rarely                      Occasionally                      Frequently

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Do you have any other medical conditions that have not been addressed in this questionnaire?

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**CONSENT**

**a) General**

I certify that I have made full disclosure concerning any and all illnesses and injuries, and I have answered completely and truthfully any and all questions asked of me on this medical questionnaire and by the certified athletic therapists at *Cliniques RTP Performance* (RTP). I give permission for the certified athletic therapist on site to give me the necessary first aid treatment and care within the scope of their practice and to share the medical information with other healthcare practitioners and doctors aiding in my urgent and non-urgent injury care.

**b) External Consultation**

I understand that, if I choose to seek outside medical advice for an injury or a medical condition that would otherwise interfere with my ability to play, I will have to be re-evaluated by an RTP Medical Staff member before being cleared to return-to-play.

I understand that in order to facilitate this re-evaluation process, it is my responsibility to provide the doctor\medical staff the test results, reports and/or images from the external sources.

If there is a discrepancy of opinion concerning return-to-play between an outside physician and the RTP Medical Staff, I understand that the RTP Medical Staff's opinion will prevail.

_____	_____	DATE: ____ / ____ / ____ .
SIGNATURE OF THE ATHLETE	SIGNATURE OF PARENT OR GARDIEN (If athlete is under 14 years old)	YY MM DD

_____	____ / ____ / ____ .
SIGNATURE OF CERTIFIED ATHLETIC THERAPIST CAT(C)	YY MM DD



## **CODE OF ETHICS FOR PARENTS**

I am the parent of a football player and by my involvement and my behavior, I am an ambassador for football in Quebec, to the general public and especially to my children. I support and promote the principle of Fair Play.

1. I understand that football has a great potential as a contribution to health and balance and personal development.
2. I recognize that the well-being and development of my child is a priority situated well beyond performance and sporting victory.
3. I understand that my child plays football for his pleasure and not for mine.
4. I see victory as one of the pleasures of sport, diminish defeat and I recognize mistakes as part of learning.
5. I encourage the effort as much as the outcome.
6. I respect the coaches and officials in their work.
7. I understand the difficult task of officials and accept their decisions.
8. I will recognize the good performance of my child as well as that of the other competitors.
9. I accept the limits of my child and I do not have ambition for him.
10. I try to learn the rules of football to prevent ignorance but this will not cause me to challenge the decisions of coaches and officials.
11. I do not see children as miniature adult sport athletes.
12. I teach my child the values of respect, discipline, effort and loyalty.
13. I do not condone or encourage physical or psychological violence.
14. I encourage my child to develop his skills and sportsmanship.

## **PENALTIES IN CASE OF BREACH OF THE CODE OF ETHICS**

1. Verbal warning
2. Written warning.
3. Complaint before the competent committee (club, league, commission, federation)
4. Reprimand
5. Suspension for a period to be determined by the appropriate committee (club, league, committee, federation)
6. Expulsion in case of recidivism.

Full name of player: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## **CODE OF ETHICS FOR PLAYERS**

I am a football player and in my involvement and my behavior, I am an ambassador for football in Quebec, to the general public and especially my parents. I support and promote the principle of Fair Play.

1. I represent my team and my sport as much on the field as off the field.
2. I respect my sport and the written and unwritten rules that govern it.
3. The good of my team comes before my own needs.
4. I accept the decisions of the officials and my coaches.
5. I always keep my composure and assume full responsibility for my actions.
6. I respect my coaches and conscientiously follow their guidelines.
7. I am aware that football is a game and not a fight.
8. I respect my opponent as much as my teammates.
9. I proudly wear the colors of my team and I respect the equipment it lends me,
10. I refuse for myself nor will I tolerate among my teammates the use of drugs, medicines or any stimulants in order to improve performance.

## **PENALTIES IN CASE OF BREACH OF THE CODE OF ETHICS**

1. Verbal warning
2. Written warning.
3. Complaint before the competent committee (club, league, commission, federation)
4. Reprimand
5. Suspension for a period to be determined by the appropriate committee (club, league, committee, federation)
6. Expulsion in case of recidivism.

Full name of player: \_\_\_\_\_

Signature: \_\_\_\_\_

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