



MANITOBA SOCCER ASSOCIATION POLICIES AND ADMINISTRATIVE PROCEDURES



OUT OF PROVINCE GUEST PLAYER RELEASE FORM

POLICY STATEMENT:

All Manitoba Soccer Association (MSA) players must have approval from the MSA prior to playing for a non-Manitoba team.

Rationale:

The policy is in place to ensure that all MSA registered players participating with teams that are registered in soccer jurisdictions other than Manitoba have proper sanctioning and insurance. Sanctioning is necessary to comply with CSA and FIFA regulations on players participating outside the jurisdiction in which they are registered.

Application:

Approval will only be granted to affiliated members in good standing with the MSA. Suspended players are not eligible to play in any games until the conditions of the suspension have been met.

Conditions:

All players are under the primary jurisdiction of the Manitoba Soccer Association and under the secondary jurisdiction of the Association in whose territory the game(s) are to be played and shall abide by the rules and regulations of the specific competitions entered. Traveling players shall also remain subject to the rules and regulations of the Manitoba Soccer Association and their Club / League insofar as disciplinary matters are concerned. Approval will only be granted to affiliated members in good standing with the MSA. Suspended players are not eligible to participate. Special permission is required for games against non-affiliated teams.

Administrative Procedure:

1. The Out of Province Guest Player Release Form is completed by the player (and guardian if applicable).
2. The form is provided to the player's League/Association for review and approval.
3. The form is provided to the player's Club for review and approval.
4. The form is provided to the MSA for review and approval.
5. The player is notified that the form is ready to be picked up.





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OUT OF PROVINCE GUEST PLAYER RELEASE FORM
Must be completed to play for a Non-Manitoban Team

PART 1: TO BE COMPLETED BY THE PLAYER

I hereby request permission from _____ Soccer Club, in the
 ____ male ____ female _____ (age group) with which I am a registered player, to participate
 in the _____ (Tournament / Exhibition Game) as a guest
 player with _____ Soccer Club,
 on the following date(s) from: _____ to: _____.

Player Name (Print): _____
 Player signature: _____
 Date: _____
 Contact number: _____

PART 2: TO BE COMPLETED BY THE PARENT/GUARDIAN

Parent/Guardian Name (Print): _____
 Parent/Guardian Signature: _____
 Date: _____

PART 3: TO BE COMPLETED BY THE LEAGUE/ASSOCIATION, CLUB, MSA

APPROVAL

LEAGUE / ASSOCIATION

CLUB

**MANITOBA SOCCER
ASSOCIATION**

Name: _____
 Title: _____
 Signed: _____
 Date: _____

Name: _____
 Title: _____
 Signed: _____
 Date: _____

Name: _____
 Title: _____
 Signed: _____
 Date: _____





MANITOBA SOCCER ASSOCIATION POLICIES AND ADMINISTRATIVE PROCEDURES



TRAVEL INSURANCE INFORMATION

PROCEDURES FOR SUBMITTING ATHLETIC ACCIDENT CLAIMS OCCURRING OUT OF PROVINCE (U.S.A. INCLUDED)

The policy includes Accident insurance coverage for Out of Province and Travel Accident/Sickness insurance for Out of Country (USA and Worldwide). While traveling in Canada, the policy is strictly a “sport accident” policy and therefore the injury must be sustained while participating in a sanctioned game or practice.

1. Upon return, contact the Manitoba Soccer Association for an Athlete Accident Claim form. (Note: Regarding **TRANSPORTATION EXPENSES** - When **out of Canada**, if required to return separately before or after the team returns due to an accident or illness, the extra expenses incurred would be covered. Extra expenses incurred as a result of the same would not be covered if **within Canada**.)
2. Complete Athlete Accident Claim form and submit with any Physician's documentation from the States to your sport association office. (After verification, it will then be forwarded to All Sport Insurance Marketing Ltd.)
3. Medical receipts/bills, etc. must first be submitted to Manitoba Health and/or any other insurance company available to you for coverage. Our policy is the second payer and will be effective once all other insurance available to you is exhausted.

When you receive notification of benefits paid by Manitoba Health or any other insurance company, submit this information that explains the balance outstanding with any bills/statements from the States hospital/medical centre to Sport Manitoba, 145 Pacific St., Winnipeg. MB, 3C 4M2. These will be forwarded to All Sport Insurance Marketing Ltd.

4. **Do not wait until you receive notification of the benefits covered by Manitoba Health or any other insurance company before submitting your Athlete Accident Claim form. Submit the claim first to ensure it is received within 90 days and any (further) medical receipts/bills pertaining to this injury/sickness can then be submitted at a later date.**





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Payment by All Sport Insurance Marketing Ltd. can be made directly to the States hospital/medical centre if specifically requested when submitting any outstanding bills/statements to All Sport Insurance Marketing Ltd.

***Any questions please contact:
Sport Manitoba, 145 Pacific St., Winnipeg, MB R3C 4M2
925-5604***

Additional Travel Information:

Benefits – Excess Medical/Hospital Expense – Accident & Sickness

When as a result of an injury or sickness the insured requires necessary services of a physician, registered nurse, physiotherapist, hospital, x-ray clinic, laboratory, ambulance or emergency medical return to the outbound point of departure, the Insurer will pay the actual expenses incurred not to exceed the maximum sum stated on the individual certificate.

Hospital services shall include all necessary services provided normally by a duly registered and licensed hospital excluding services of a nursing home, rest home, or by other non-hospital institutions.

Coverage is provided only for expenses incurred by Canadian Residents which are in excess of the benefits available under any Canadian Federal or Provincial Hospital and/or Medical Plan regardless of whether or not the insured is enrolled in such a plan.

Blanket Dental Accident Reimbursement

When an injury to whole or sound teeth including filled or restored teeth requires and receives dental treatment commencing within 30 days of the date of the accident the Insurer shall pay for the necessary expenses for such treatment rendered within 52 weeks of the accident. The following provisions apply:

- a) Any payments made under this section shall not exceed the amount specified in the Schedule of Fees in effect at the time of the accident as published by the Dental Association of the Province in which this document of insurance is issued.
- b) Capped or crowned teeth shall be deemed as whole or sound teeth.
- c) No benefit will be payable for expenses of dental treatment incurred for the cost of replacement, adjustment or repair of artificial teeth or dentures (except as otherwise provided herein), any orthodontic treatment; any dental treatment provided solely for cosmetic or esthetic reasons.





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Interruption Insurance

Out of Pocket Expenses: In the event covered injury or sickness causes an insured's delay in returning to the point of departure beyond the return date, the Insurer will pay for reasonable out-of-pocket expenses incurred by the insured up to the per diem amount specified in the individual certificate, not to exceed the maximum applicable benefit for all such expenses.

Trip Interruption: If, after the outbound departure, the insured is obliged to leave the tour upon a physician's advice due to covered illness or injury, the Insurer will pay for the cost of one-way economy class transportation to rejoin the ongoing tour or to original point of departure.

Repatriation Expense: In the event of covered death of the insured, occurring after the originating flight date, the Insurer will pay the cost of the actual expense incurred for conveyance of the body and ashes of the insured person, to the outbound point of departure, not to exceed the applicable maximum benefit.

Limitations and Exclusions:

This insurance does not provide expenses incurred directly or indirectly as a result of:

- a) Injury or sickness for which medical hospital benefits are provided under any other insurance policy or plan except for the excess not covered under such other insurance;
- b) Maintenance Therapy for pre-existing medical conditions;
- c) Dental, Chiropractic or any other health services not mentioned specifically in Excess Medical/Dental Expenses;
- d) Suicide or self destruction, intentionally self inflicted injuries or any attempt thereof;
- e) Declared or undeclared war, civil war, riot, insurrection, invasion or any act thereof;
- f) An illegal act by the insured or beneficiary;
- g) Participation in armed forces training exercises or maneuvers;
- h) Participation in sport, not listed within policy.
- i) A payment which contravenes any plan or any government or political subdivision or law of Canada.