



What is the Sports Bursary Program?

☺ A Chapter funded program to promote a healthy lifestyle for children and youth with bleeding disorders through safe physical activities.



Who Qualifies for the Program?

☺ Chapter youth, 17 years or younger, with a moderate or severe bleeding disorder.

Guidelines

(subject to revision)

- ☺ Hemophilia Manitoba will fund two bursaries (maximum of \$100 each), per child, per year.
- ☺ Funding may be used for registration fees and/or safety equipment required for the sport, however, the amount of bursary remains a maximum of \$100.
- ☺ Activity must include instruction from a qualified individual.
- ☺ Funding does not include club drop-in fees, or health club memberships.
- ☺ ALL activities require consultation and co-signature from a Care Team

Physiotherapist **PRIOR** to commencing program.

☺ Funding will be awarded after an application form is submitted to the Chapter together with original **receipt of cost** and **evidence of completion** of the activity.

☺ Activities in the **"high risk"** category **or** activities not approved by the MBDP Physiotherapist are excluded from the bursary program.

SPORTS BURSARIES ARE SUBJECT TO AVAILABILITY OF FUNDS.



Sports Program Application

Parent's Name _____

Address _____

Phone Number _____

Child's name _____

Activity _____

Level _____

Start date _____

End date _____

I have consulted with my child's Physiotherapist regarding the activity that my child will be participating in.

Physiotherapist's Signature Date

Parent's Signature Date

Parents Release & Waiver

On behalf of myself, my child, or other persons for whom I am responsible, I hereby release and indemnify the Canadian Hemophilia Society, Manitoba Chapter and the Canadian Hemophilia Society and all of their members, directors, officers and employees, of and from all liability, suits, actions, claims, costs, expenses, demands and causes of action of whatever kind or nature without restriction in respect of, or in any way arising out of receipt of this bursary or participation in the activities contemplated by this application, howsoever caused, including without limitation, any injury to a person or damage to property that may have been caused, contributed to, or occasioned by the negligence of the above-noted organizations and people and any one or more of them.

I have carefully read this Release and Waiver, I fully understand it, and I am freely and voluntarily executing it.

Signed _____

Dated _____

Sporting Activities &

Risk Levels

Low Risk Activities

Swimming, Golfing, Badminton, Tai Chi,

Low/Medium Risk Activities

Nordic Skiing, Bicycling, Pilates, Tennis, Aerobics, Rowing (Crew), Yoga, Weight training, Bowling & Running

Medium /High Risk Activities

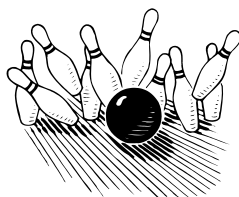
Windsurfing, Squash/Racquetball, Baseball, Soccer, Volleyball, Basketball, Gymnastics, Horseback Riding, Ice Skating & Rollerblading

**Sports listed below are
*NOT ELIGIBLE FOR PROGRAM***

High Risk Activities

Karate/Judo, Football (tackle), Rugby, Ice Hockey, Road Hockey, Boxing, Competitive Diving, Snowboarding, Skateboarding & Wrestling

Guidelines of the National Hemophilia
Foundation.



Sports Bursary Program



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