



Injury/Critical Illness Policy

Purpose

The policy is to provide the Club the ability to offer a member in good standing partial financial relief from regular program fees in the event of an Injury or Critical Illness over an Extended period of time.

Definitions

Injury/Critical Illness (ICI) a medical condition rendering the member incapable of participating in substantially all of the activities of the program. The ability to participate in a reduced capacity does not qualify as a ICI (i.e. reduced training schedule or light activity recommended).

Extended Duration shall be a time in excess of three (3) weeks.

Date of Eligibility shall commence three (3) weeks following the member being incapable of participating in substantially all the activities of the program.

Qualification

The member must apply for eligibility using an Application for Injury/Critical Illness Status form (attached). The application is reviewed by the Board of Directors (BOD) and forwarded to the Refund Committee (RC) with a recommendation to either accept or reject the application. The RC will make the final decision on eligibility. Proof in the form of a Doctor's note is mandatory to be deemed eligible.

Benefits

A member who qualifies for ICI status will be eligible for an 80% reduction in regular membership dues commencing from Date of Eligibility. The benefit will accrue to the earlier of the following:

- a) the member returning to active status,
- b) the end of current Soccer Season
- c) the member resigning from the Club.

In the event of a) or b), the member's Family Account will be credited for the appropriate benefit. In the event of c), the member will be reimbursed in conjunction with settlement of their Family Account balance.

There will be no reduction of Volunteer Bond, Facility Fee, Jersey Bond, CMSA Player Fees or Club administration fee

Reinstatement

The BOD will recommend to the RC the reinstatement of the member to active status when the member no longer meets the definition of ICI. The BOD and Program Lead has the latitude to evaluate the recovery of the member and determine the appropriate date for reinstatement.



Private and Confidential

Calgary Villains FC

Application for Injury/Critical Illness Status

Full Name _____ Team&Tier _____

Age Group _____ Coach _____

Date of illness/injury _____

Description of illness/injury _____

Application submitted by: _____ Signature: _____

Name: _____

Date: _____

For Office Use Only

Immediate Coach Comments _____

Board of Directors Recommendation _____

Refund Committee

Approved Date of Eligibility _____

Not approved _____

Reinstatement

Date _____ Approved by: _____

Villains FC Board of Directors