



CANADIAN SNOWSPORTS ASSOCIATION

202 1451 West Broadway, Vancouver BC, Canada V6H 1H6

Out of Country Training Sanction Request

Please note: In order for your training to be covered under the CSA Liability Insurance Program, the CSA Discipline and the CSA must approve all out of country training. All groups training outside of Canada must fill in all requested information below. Any athlete traveling outside of Canada must have appropriate SAIP insurance before departure. SAIP Class 4 (7 day coverage) or 5 (14 day coverage) is valid for non-FIS athletes for U.S travel, with SAIP Class 2 or 1 for all other international travel

- 1) Club/Team Name:
- 2) Primary Contact Name and Contact Information:
Name:
Email:
Phone:
Mailing Address:
- 3) Country of Travel:
- 4) Dates of Travel:
- 5) Number of Athletes:
- 6) Number of Coaches, Trainers, Service Persons:
- 7) Age range of athletes traveling:
(Please note all participants must have proof of out of country accident insurance)
- 8) Specific Destination: *(Please include ski area legal name)*
- 9) Description of on-hill medical & rescue services provided:
- 10) Medical qualifications of any Team Staff traveling and on-hill personnel:
- 11) Availability of ALS/ACLS trauma support:
- 12) Location of nearest trauma facility:
 - a) *Town and distance from ski area:*
 - b) *Evacuation method to reach this trauma facility:*
- 13) Please provide local medical support contacts:

Forms must be submitted for approval two (2) weeks prior to departure.



CANADIAN SNOWSPORTS ASSOCIATION

202 1451 West Broadway, Vancouver BC, Canada V6H 1H6

Out of Country Training Sanction Request

Please note: In order for your training to be covered under the CSA Liability Insurance Program, the CSA Discipline and the CSA must approve all out of country training. All groups training outside of Canada must fill in all requested information below. Any athlete traveling outside of Canada must have appropriate SAIP insurance before departure. SAIP Class 4 (7 day coverage) or 5 (14 day coverage) is valid for non-FIS athletes for U.S travel, with SAIP Class 2 or 1 for all other international travel

Attendee Details inc. coach, physio, athlete etc. (Full Name, DOB):

NAME

DOB

First, last

dd/mm/yyyy