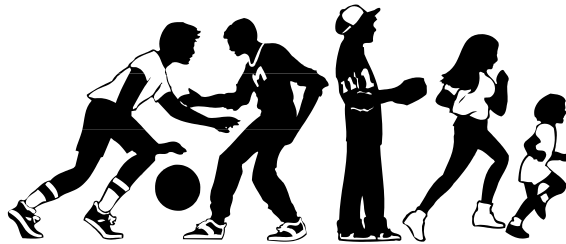


Physical Activity



Bursary Program

*Sponsored by
Hemophilia Saskatchewan
Canadian Hemophilia Society
213 - 2366 Avenue C North
Saskatoon, Saskatchewan
S7L 5X5
(306) 653-4366
1-866-953-HEMO (4366)*

Physical Activities can be chosen on an individual basis, there is Risk Levels and these must be discussed with the PT

Think Once: Excellent Activities to participate in
Swimming, Golfing, Tennis, Badminton, Bicycling, Tai Chi, & Yoga

Think Twice: Activities which require preparation and equipment
Volleyball, Basketball, Nordic Skiing, Running & Dance
Windsurfing, Squash/Racquetball, Baseball, Soccer, Ice Skating,
Rollerblading & Weight Lifting

Think Again: Activities with increased risk of injury
Karate/Judo, Waterskiing, Football (tackle), Rugby, Skateboarding, Ice
Hockey, Downhill Skiing, Road Hockey, Horseback Riding & Wrestling

What is the Physical Activity Bursary Program?

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

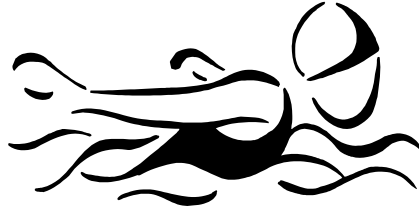
Who Qualifies for the Program?

- Chapter members with a bleeding disorder. *(Some restrictions may apply.)*

Guidelines *(subject to revision)*

- Hemophilia Saskatchewan will fund one bursary (maximum of \$250), per person, 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 \$250.
- Activity must include instruction from a qualified individual.
- Funding does not include club drop-in fees, or health club memberships, but if a specific program at one of these facilities meets an individual's physical activity goals then it may be permitted with physiotherapy approval.
- **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. *(Must be submitted within six months of the end of the activity).*
- Activities in "high risk" category are excluded from the bursary program, unless a letter from the physical therapist approving the program is included.

A full listing of activities and risk categories can be found in the WFH publication "GO FOR IT" which can be obtained online at Hemophilia.org.



****Physical Activity BURSARIES ARE SUBJECT TO CHANGE AND AVAILABILITY OF FUNDS.*****

Physical Activity Program Application

Please Print:

Applicant's/Parent's Name _____

Address _____

Phone Number _____

Child's name _____

Birth Date (for Child only) _____

Activity description _____

Start date _____

End date _____

I have consulted the physiotherapist regarding the activity that I / 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 Hemophilia Saskatchewan 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 understand that by providing information during the application process, and by providing this bursary, the above-noted organizations and people are not providing any opinion in relation to the safety of the contemplated activities and that the determination of the safety of such activities is solely my/our responsibility.

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

Applicant/ Parent's

Signature _____

Dated _____