

COMITÉ DE KICKBOXING AMATEUR  COUNCIL OF AMATEUR SPORT KICKBOXING



[www.kickboxingcanada.org](http://www.kickboxingcanada.org)

## Club Manual & Guidelines

# Attachments

**The following attachments are for the owner/operators of current Club Members of the Council of Amateur Sport Kickboxing Incorporated.**

**Copies of each can be made for internal use at Member Clubs only.**

2009 Revised Edition

**The following attachments are meant for Club Member's and can be reproduced (without any changes) for information or distribution purposes only within the Member Club. The following are included here:**

**1. Membership Notice**

*The following letter can be posted at the club to provide information to club members on the CASK membership and fees related to joining. Individual Registration forms are provided to Owner/Operators.*

**1. Competitive Athlete Registration Procedure**

*The procedure for new athletes differs for renewing athletes.*

**2. Athlete Medical Form**

*Athletes must complete these forms annual to participate in competitive events for the year. The form must be completed by their family physician.*

**3. Athlete Upgrade Form**

*Athletes wishing to upgrade their competitive status must complete this form and submit to the CASK office well in advance of an event.*

**4. Coach/Instructor Code of Conduct**

*The following Code is a requirement for all coaches and instructors in CASK member clubs. It is highly recommended that this document be posted in your Club for information purposes to all members and potential clients.*

**5. Incident Form/Document**

*These forms should be copied and placed in a binder for emergency use at any time. The front page explains the purpose of these sheets and how the binder should be kept.*

**6. Policy Check letter**

*As screening is a CASK policy for all coaches and instructors – it is requirement for Club Members. Please contact your local police services and provide them with this form.*

**7. Suggestions for a First Aid Kit**

*The following is a suggested list of items for a club, team or event first aid kit.*

**8. Head Injury Routine**

*The following document should be utilized at the club for any head injuries. Have copies on hand.*

**9. Event Sanctioning**

*Clubs wishing to host a competitive event can do so by completing the following EVENT COORDINATOR application form. Please refer to the application form for deadlines for events, and to the Policy Manual for sanctioning fees.*



### *Welcome to The Council of Amateur Sport Kickboxing (CASK)*

This letter will provide you with information on how your club's membership to CASK will benefit YOU. CASK is a membership organization supporting both recreational kickboxing (martial arts) and amateur kickboxing in Canada.

Your instructors/coaches will be provided with national standards that will enhance your experience as a member of this CKA/CASK certified club/school. Areas of training and certification include:

**Child development - Educational pedagogy**  
**Health – safety – injury prevention education**  
**Innovative programming – instruction enhancement**  
**Ethical - Legal responsibilities**

You will benefit directly through programs and services offered through your membership. New programs and services are added regularly – below are a list of the current opportunities:

**Access to training programs and training journals**  
**National Certification (grading) for students and athletes**  
**National Certification (accreditation) for coaches/instructors**  
**International affiliation for students/athletes/coaches/instructors**  
**Access to seminars, training camps for all levels of participants**  
**Opportunity to try-out for National and International teams**

Individuals will receive a **Membership Certificate** upon registration. Your CASK Member Club will provide information on upcoming events and opportunities open to both recreational and competitive members.

You will also receive additional protection through the CASK **insurance policy** for liability and accident/injury coverage. This insurance package is offered to CKA/CASK members only through AON Canada. The Insurance premium/cost is included in the membership fee. Coverage is obtained 30 days upon completion of your registration.

**For more information – please visit our website at – [www.kickboxingcanada.org](http://www.kickboxingcanada.org)**

**Club Membership fees (2008/2009): Recreational Member: \$ 15**

**Competitive Member: \$ 85**





## ***Competitive Athlete Registration Process***

### **New Athletes**

New athletes wishing to register with CASK are required to complete and mail in the following items to the CASK office. It is recommended that the Club Coach be responsible for the registration of individual athletes:

1. CASK Annual Physical Exam – this form must be completed by the athlete’s family physician.
2. CASK Individual Membership form
3. Photocopy of an identification that provides the date of birth of the athlete
4. Two current passport sized pictures of the athlete (head shot only)
5. Registration fee – See Policy Manual for provincial fees

### **Renewing Athletes**

Athlete renewing their competitive status must provide the following:

1. CASK Annual Physical Exam – this form must be completed by the athlete’s family physician.
2. CASK Individual Membership form
3. Registration fee – See Policy Manual for provincial fees

### **Division Classifications:**

<b>Novice Class –</b>	<b>5 bouts or less</b>
<b>Novice Class –</b>	<b>6-15 bouts</b>
<b>Open Class –</b>	<b>16 bouts or more</b>

A ‘bout’ is defined as any of: exhibition bout; participation in a martial arts tournament with ***one tournament equaling one bout***; a bout in any combat sport (amateur boxing, Muay Thai, kickboxing, amateur MMA).

<b>Junior A –</b>	<b>10-12 years</b>
<b>Junior B –</b>	<b>13-15 years</b>
<b>Intermediate –</b>	<b>16-18 years</b>
<b>Senior –</b>	<b>19 years and above</b>

The age category is according to the year of birth of the participating athlete.

### **Please note:**

The provincial affiliation reserves the right to upgrade the status of an athlete based on their competitive experience (boxing, kickboxing, amateur MMA, martial arts) to ensure that they are competing in the category most appropriate for their abilities and experience.

Athletes and coaches are welcome to also upgrade their category using the Upgrade Form.



**Annual Medical Exam**

**Part I—To be completed by the Athlete (male/female), or parent/guardian if under legal age**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

#, Street

City

Postal Code

( ) -

( ) -

@

Phone (home)

Phone (business)

Email address

If the applicant has had any of the following, give particulars in this space:

	Yes	No	
1. Eye or Ear Impairment, Infections or Fevers :	___	___	_____
2. Rheumatic Fever, T.B., Pleurisy or Asthma:	___	___	_____
3. Kidney or Urine Disorder, or one of a paired organ:	___	___	_____
4. Diabetes Mellitus:	___	___	_____
5. Indigestion, Vomiting, Abdominal Cramps:	___	___	_____
6. Nervous breakdown :	___	___	_____
7. Acute Infections or communicable diseases (eg. HIV/AIDS):	___	___	_____
8. Seizures, Epilepsy, of Applicant or in Family:	___	___	_____
9. Any Suspensions from boxing/kickboxing	___	___	_____
10. Head Injury/Concussions	___	___	_____
11. Musculoskeletal Injuries:	___	___	_____

Signature of athlete

Signature of parent/guardian if a minor

Date

**Part II – To be completed by the Physician**

Weight: \_\_\_\_\_ (kgs)      Height: \_\_\_\_\_ (cms)      Expiration: \_\_\_\_\_      Inspiration: \_\_\_\_\_

Vision: \_\_\_\_\_      Right Eye 20/ \_\_\_\_\_      Left Eye 20/ \_\_\_\_\_

Color Vision: \_\_\_\_\_      Field of Vision: \_\_\_\_\_

Ears: (state of T.M.S. and Degree of Deafness) \_\_\_\_\_

Teeth (any braces): \_\_\_\_\_

Is there any abnormality in Chest, Heath, B.P., or C.N.S? \_\_\_\_\_

Is there a Hernia, undescended testis, organomegaly, crptorchidism? \_\_\_\_\_

**Additional for the female athlete:**

Are there any breast lesions, bleeding, masses, other dysfunction, pain? \_\_\_\_\_

Abnormality in menstrual pattern? Amenorrhea? \_\_\_\_\_

Lower Pelvic pains? \_\_\_\_\_

**I certify that that the athlete IS / IS NOT fit to engage in amateur kickboxing:**

**Physician's Stamp:** \_\_\_\_\_ **Physician's Name:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_





### *Coaches/Instructor Code of conduct*

CKA/CASK is committed to upholding the highest standards of athletics, sports ethics, and personal character development of all participants, within all programs and activities within the organization.

CKA/CASK is further committed to fostering an environment in which all participants and individuals (athletes, coaches, officials, parents) are treated with respect and dignity.

CKA/CASK prohibits all discriminatory practices and behavior, and promotes equal opportunity for all.

All members of CKA/CASK are expected to conduct themselves in all times in a manner that is consistent with the values and policies of CKA/CASK.

### *Specific GUIDELINES*

All coaches and instructor have a responsibility to demonstrate and adhere to the following areas:

#### Organizational Regulatory Practices

1. Ensure that the rules of CKA/CASK amateur sport kickboxing and the spirit of those rules are adhered to;
2. Comply with all past and current policies and regulations of CKA/CASK;

#### Ethical Practices

3. Consistently demonstrate the spirit of sportsmanship, sports leadership and ethical conduct and practices;
4. Maintain a dignified and honorable presence at all times;
5. Focus comments or critiques appropriately and avoid public criticism of athletes, other coaches, officials, organizers, or competitors;

## *Coaches/Instructor Code of conduct*

### *Specific GUIDELINES con't ...*

#### Sport Specific Practices

6. Create and maintain a safe environment by selecting activities and establishing controls that are suitable for the age, experience, ability and fitness level of athletes;
7. Give athletes opportunities to discuss and contribute to proposed training and performance standards. Provide athletes and the parents/guardians of athletes who are minors with the information necessary to be involved in the decisions that affect the athlete;
8. Refer athletes to other coaches and specialists to support their athletic development as appropriate and as opportunities arise;

#### Ethical Practices

9. Demonstrate respect of individuals regardless of gender, ethnic origin, age, religion, beliefs, or economic status;
10. Refrain from any behavior that constitutes sexual harassment, where it is defined as unwelcome sexual advances or conduct of a sexual nature. This includes behavior that creates an intimidating, hostile or offensive environment;
11. At no time engage in an intimate or sexual relationship with recreational or competitive member under the age of 18 years;



## **Member Club**

### ***Incident Reporting Documents***

**The following sheets are to assist Member Clubs in documenting serious incidents occurring within their premises. Keeping a record of such events is advised by CASK.**

**Keep all documentation in a confidential binder and keep all contents stored safely. All incidents, including by not limited to, injuries, accidents, disclosures, conflicts, harassments, disciplines, appeals or major problems should to be documents here.**

**These documents are for the private use of the Clubs owner/operator only. This information is considered confidential and are not to be submitted to the Council of Amateur Sport Kickboxing, or any of it's officers, staff, volunteers or contractors or Board of Directors. Contents may be requested for an official disciplinary procedure involving individuals named by CASK, or by the CASK contracted Insurance company.**



## Incident Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Report by: \_\_\_\_\_ Club: \_\_\_\_\_

Person(s) involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further action required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Responsible for follow-up: \_\_\_\_\_  
\_\_\_\_\_



**2008/2009 Competition Year**

Dear Police Services,

The following individual:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ (Street)  
\_\_\_\_\_ (City)  
\_\_\_\_\_ (Postal Code)

is a registered coach/instructor with the Council of Amateur Sport Kickboxing. In this role this person will be working with a diverse client group that will include children and adults of both genders. Their role as a coach/instructor is to provide amateur kickboxing instruction and coaching.

The Council of Amateur Sport Kickboxing has a screening policy for all coaches that involves a police screening in the municipality in which they reside. The check must involve a VULNERABILITY SECTOR search with a focus on any convictions related to children and sexual assaults.

This result of the police check is to be provided to the Council of Amateur Sport Kickboxing by the applying coach/instructor and will be used by the officers of the organization for screening purposes with all information being confidential.

If you require any further information please contact our office at 905-681-9815.

Thank you for your assistance,

Muzammal Nawaz  
President, CASK



### **Suggested Items for Medical Kit** (Club, Tournament, Travel)

- Emergency Action Plan Information (Numbers, directions for each site)
- Sterile Gloves
- Elastic Wrap Bandages (tensors – variety of sizes)
- Plastic Gags for ice/chemical packs
- Band-aids - variety of sizes
- Blister kit
- Wound cleaning, antiseptic agents (saline)
- First aid ointment/cream
- Sterile gauze pads (variety of sizes)
- Triangular slings
- Taping supplies – tape (zinc oxide and elastoplast), skin lubricant, spray, heel and lace pads, prewrap, compression foam/felt padding
- Heavy duty scissors
- Cotton tip applicators
- Pen light
- Thermometer(s)
- Steri-strip or butterfly bandages
- Pocket CPR mask

#### Optional

- End swell
- Vaseline
- Emergency eye and dental kits
- Cervical collars, board, stretcher, straps

***Emergency situations should always be rehearsed/practiced and the medical kit's contents should always be updated.***

***Prepared by : Gus Kandilias, D.O., MSc, C.A.T. (c)  
Burlington Center for Osteopathy and Athletic Therapy***



## HEAD INJURY ROUTINE

In the event of a concussion, either by knockout or by the athlete's complaints, he/she must always be seen by the event physician or at the hospital.

The following document should be presented to someone who will be caring for the athlete over the next 24-hour period.

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The following tips will help you care for the athlete over the next day:

1. Wake the athlete every 2 hours for the next 24 hours.  
Check to see how easily they awake.

*Do they know:*

Who they are? Where they are?

Ask any other obvious questions which you also know the answer to.

2. Call the Physician if:

He/She is having increasing difficulty in rousing

Their level of alertness is getting worse

Their neck stiffness is becoming increasingly worse

If vomiting persists or becomes more forceful

(It is normal for the athlete to vomit once or twice)

If his/her headache does not improve or becomes worse

If their unsteadiness becomes increasingly worse

3. Do not give the athlete any medication unless instructed by the physician. Especially during the first 24 hours.
4. Ask the physician about special guidelines for any athlete who may have diabetes, epilepsy etc.
5. If the athlete is allowed fluids for the next 12 hours or remainder of the day, some choices may include; Apple juice, Clear broth, Ginger ale, Water, Jell-O, Decaffeinated Tea.



January 2009

Dear Event Coordinator,

Please find attached the **Event Coordinator Application** package. The final two pages must be submitted to the CASK office along with a certified cheque or money order for \$975 to complete the application. The application must arrive at the CASK office no less than 90 days prior to the date requested. It is highly recommended to all Event Coordinators to contact the CASK office prior to the 90-day application to check the availability of the date.

The checklists contained in this application highlight the major responsibilities of the Event Coordinator. However, ensure you review all policies and regulations regarding CASK sanctioning that Event Coordinators are responsible for. These can be found in the All Disciplines Rule and Regulations document and the Policies and Procedures Manual. The following briefly outlines the basic process:

1. The CASK office will contact the Event Coordinator within 10 business days to indicate if the event has been sanctioned.

*Note: If the even is not approved, the Event Coordinator will be provided a maximum of 21 days from the date the CASK office communicated the non-sanctioning to the club, to meet the requirements that were not fulfilled in the initial application. A \$100 administrative fee will have to accompany the resubmission. If the resubmission is denied the sanctioned fee will be refunded minus a \$250 penalty.*

2. The CASK office will provide Event Coordinator within 30 days of the event with the travel expense amounts for all the CASK officials selected to run the event. If an official is changed at any time a different expense amount may apply.

*Note – The Sanction Fee covers the honorarium for each CASK official. The Event Coordinator is also responsible for the travel costs for all officials based on our Expense Policy.*

3. The CASK office can mail out the certificate of insurance for the competition at the request of the Event Coordinator prior to the event.
4. The Event Coordinator must provide evidence of insurance for commercial general liability to the CASK office upon request. The certificate must list the Council of Amateur Sport Kickboxing as an additional party under the policy.
5. The CASK office provides the Event Coordinator with original copies of all documents for the competition. The Event Coordinator is to make sufficient copies as required.
6. The Event Coordinator is to contact the CASK office 5-10 business days prior to the event to provide the most current bout list.

CASK Administration

*Revised 01/02/2009*



## Event Coordinator Application 2008/2009 Calendar Events

The following application must be completed in full and submitted to the CASK office and PSO/TSO Office a minimum of 90 days prior to a single-bout format competition, or 120 days prior to a tournament-format competition. Please complete both pages of the application form, as incomplete forms will result in delays in approval. Please review the **Rules and Regulations document and Policy Manual** for all event requirements. The following is a summary of some requirements only:

### **Summary of Required Personal**

As per the Rules/Regulations of CASK - all Event Coordinators are required to have the following registered officials at their event:

- |                                  |  |   |
|----------------------------------|--|---|
| 1. <b>Two Chief Officials*</b>   | – CASK Level III Certified   | <i>* The numbers of official personal will depend on the Style of Competition (see Rules/Regulations)</i> |
| 2. <b>One Referee</b>            | – CASK Level II Certified  |   |
| 3. <b>Four Judges*</b>           | (Level I minimum)  |   |
| 4. <b>Physician</b>              | – Event Coordinator responsible for securing a minimum of one Canadian certified medical doctor (must be legally entitled to practice medicine in the province/territory of competition) |   |
| 5. <b>Emergency Medical Team</b> | – Event Coordinator is responsible for securing a minimum of two persons.  |   |

Note 1 – The absence of any of the above persons will result in the immediate cancellation of the event.

Note 2 - The Event Coordinator is responsible for covering the travel/accommodation expenses of all required personal. The Event Coordinator will be notified via email of this amount and when it must be sent to the CASK office.

Note 3 - The honorariums for all officials (judges and referees) are provided by CASK or the PSO and are included in the sanctioning fee paid by the Event Coordinator. The payments will be forwarded to the officials after the completion of the event.

Note 4 – All officials are working as volunteers supporting amateur kickboxing. Ensure that you provide food (meals and snacks) and drinks (water and juice) during the time they are acting in their official role.

### **Insurance requirements**

As per the CKA/CASK requirements the Event Coordinator is required to provide evidence for commercial general liability for the event listing the **Council of Amateur Sport Kickboxing** as an additional party under the coverage for the event.

If the event will be serving alcohol the Event Coordinator must obtain a Liquor License and have a Host Liquor Liability as part of their event policy.

Note A – The insurance policy of the Council of Amateur Sport Kickboxing only covers the competition aspect of the event and we can list the venue as an additional insured party on our policy if requested.



### **Requirements for all Promotions**

*Ensure the following are being adhered to:*

- All event communications and promotions clearly indicates that the event is APPROVED by CASK and SANCTIONED by (PSO)
- Ensure that all event communications and promotions clearly state that this event is a KICKBOXING and/or THAIBOXING event and no other combat sport terms are used.
- 

### **Requirements for Weigh-in & Medical Exam**

*The following are key requirements at the weigh-in & medicals:*

- Ensure that the location is private so that no spectators or onlookers are present.
- Ensure that the facility has sufficient space or rooms and is sanitary and void of hazards so that the medical exam can be conducted with safety and confidentiality.
- Ensure that the weigh-in schedule is communicated to all coaches/athletes.
- Ensure that the location of the weigh-ins can be conducted without the presence of athletes of the opposite gender.
- The role of the Event Coordinator is to assist the Chief Official who will lead the process.
- The weigh-ins and medical exams must occur no more than 3 hours before the event is schedule to commence and be completed a minimum of 90 minutes before the first bout.

### **Summary of Additional Personal**

*The following persons are recommended for all styles of events:*

- Equipment supervisor – Supervises the gloving of the athletes
- Security – A safety precaution for the running of the event and crowd control

### **Additional Requirements**

*The following tasks are required of the Event Coordinator:*

- Providing snacks and refreshments to the officials during their involvement at the event.
- Ensuring that any music played has no foul language, racist/sexist lyrics, and is appropriate for all audiences including children and families.
- Ensure that all event staff and volunteers – including ring card holders – are dressed appropriately for all audiences. Lingerie, swimwear or sexually attire is not appropriate for CASK events.
- Submitting to the CASK Office a DVD of all bouts within 5 business days of the competition of the event by courier or registered mail.

Once approval has been granted to an Event Coordinator, an **Event Package** will be issued that will contain all of the documents required for the event (ie. score cards, pre/post medicals, etc.) A certificate of insurance will be sent to the Event Coordinator directly if requested.



### **Suggested Check-List for Planning and Implementing a Competitive Event**

*These are only suggestions – ensure that you review the requirements of all competitive events.*

#### *Pre-Planning*

- ❑ Book a Venue with rooms for the competition, warm-up rooms, medical/weigh-ins
- ❑ Book a Medical Doctor (securing a back-up doctor is recommended)
- ❑ Book an Emergency Medical Team (EMT)
- ❑ Book a regulation kickboxing ring
- ❑ Prepare all bouts by negotiating with owner/operators of CASK Member Clubs
- ❑ Send in your Event Sanctioning form/payment (CASK will mail confirmation)
- ❑ Obtain your event insurance certificate and sent to the CASK Office

#### *Organization*

- ❑ Meet with the event doctor to review their role and all CASK documents
- ❑ Contact the nearest hospital and provide details of event request any advice
- ❑ Book a security company or establish volunteer security personal

#### *Promotions*

- ❑ Ensure that all promotional and communication materials list the event as:  
**CASK Approved and (PSO) Sanctioned**
- ❑ Ensure that all promotional/communications clearly indicate that the event is a **'kickboxing'** and or **'Thaiboxing'** event. Terminology such as MMA, Muay Thai, combat sports, non-holds barred, or other combat sports names cannot be used.
- ❑ Get tickets made up
- ❑ Prepare programs
- ❑ Organize any sale items (eg. Snacks, water)

#### *Final Details*

- ❑ Secure ring equipment (eg. Stools, mops, brooms, etc.)
- ❑ Establish a team to support your officials (eg. Meals, snacks, water, etc.)
- ❑ Book any hotel rooms required for athletes, teams, officials, volunteers, etc.
- ❑ Have a volunteer assigned to assist Chief Official at weigh-ins and medicals
- ❑ Secure a digital scale or medical scale only (bathroom scales are not acceptable)
- ❑ Bring extra writing utensils and paper for the Head Table.



Proposed Bout List (Single Format)

No	A Class	Athlete A Surname, First	DOB M/D/Y	Club	Agreed Weight Range	B Class	Athlete B Surname, First	DOB M/D/Y	Club
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

**Thai Boxing Bouts only** - The number of athletes that have requested a Wai Kru \_\_\_\_\_.

***I \_\_\_\_\_ (print name) have read and understand all requirements for Event Coordinators as laid out in the most up-to-date CASK Rules and Regulations Document and the Policy Manual. I agree to fulfill all of these requirements as the Event Coordinator and understand that failure to do will result in a disciplinary action and/or fine. I understand that if my event is not sanctioned I have maximum of 21 days to resubmit my application with a \$100 administration fee. I understand that if the resubmission is again not sanctioned a \$250 penalty will be withdrawn from the sanctioning fee and the remainder refunded.***

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)