

Third Party Practitioner Registration Package

Thank you for your interest in providing services in Sunshine Coast Regional District (SCRD) Recreation Facilities.

The SCRD is committed to providing opportunities to create and maintain healthy lifestyles and ensuring citizens have access to a variety of health and wellness opportunities.

Third Party Practitioners must be registered with SCRD Recreation Services to train or coach within SCRD facilities, the following are not required to register as a Third Party Practitioner :

- Instructors who have a contract with the SCRD to offer group fitness programs; or
- Volunteers with organizations who rent SCRD facilities.

What are the benefits of being a registered Third Party Practitioner with SCRD Recreation Services?

- Practitioner's contact information available for community if requested.
- Recognition that practitioner meets industry standards to offer services.
- Registration identifying Third Party Practitioner as an approved trainer to work in our facilities.

To ensure all Third Party Practitioners meet the industry standards, **first time service providers** must follow these steps:

Step 1: Practitioners will be required to fill in the Third Party Practitioner application form on the next page.

Step 2: Provider must provide copies of:

- Current Liability Insurance in the minimum amount of \$2 million (naming the Sunshine Coast Regional District at 1975 Field Road, Sechelt BC, V7Z 0A8 as additional insured)
- Current registration or certification (eg. BCRPA Personal Training, BCAK, etc)
- Current first aid certificate, including CPR / AED
- Criminal Record Check, including vulnerable sector

Step 3: Contact SCRD Recreation to arrange a meeting with a Recreation Program Coordinator to review the agreement and discuss expectations and facility guidelines within this package.

Step 4: Recreation Program Coordinator will provide you with a signed approval letter and add you to the list for front line staff to reference.

Step 5: Pay the Third Party Practitioner Fee:

- Please visit scrd.ca/fees-and-passes for fee information. There are three different options:
 - o Third Party Practitioner Drop-in: single visit paid at front desk before session
 - Third Party Practitioner 10 Visit pass: swipe 10 visit card at front desk before session
 - Third Party Practitioner Additional Visit: Additional Visits on the same day can be purchased at a reduced rate. Each Additional Visit allows the Third Party Practitioner to train one session for up to two clients. To access the Additional Visit rate, the Third Party Practitioner must present their Third Party Practitioner Drop-in Receipt from the same day OR ask the front desk staff to run a pass inquiry on their Third Party Practitioner 10 Visit pass to confirm they have already visited that day. A Third Party Practitioner can visit multiple facilities in one day and access the Additional Visit drop-in rate.

We appreciate your interest and look forward to discussing your services.

Yours in Health,

SCRD Recreation Staff

Third Party Practitioner Application Form

Practitioner's Full Name	
Business Name	
Address	
Email	
Phone (business)	Phone (cell)
Practitioner's Documentation	
Registered Association Membership (BCRPA/ BCAK etc.)	
Level of Training or Certification	Expiry
First Aid Level/Expiry	CPR /AED Expiry
Liability Insurer	Expiry
Criminal Record Check (must include vulnerable sector) co	mpleted? Yes No
Would you like to be included in the Third Party Practitioner **If yes please provide a head shot and short bio for the ha	
FOR OFFICE USE ONLY Practicing Certification First Aid (CPR and AED) Practitioner Agreement signed SCRD Recr Third Party Practitioner Account Updated in Active Net?	

The personal information you provide on this form is being collected under the authority of the *Local Government Act*. Your personal information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the Information and Privacy Coordinator, 1975 Field Road, Sechelt, BC, V7Z 0A8, 604.885.6800.

Third Party Practitioner Agreement

The Sunshine Coast Regional District (SCRD) acknowledges there are several personal trainers, instructors, and therapists (referred to hereafter as "Third Party Practitioner") operating private businesses within our community.

The SCRD strives to be a model community for healthy living by ensuring our citizens have access to a variety of safe health and wellness opportunities.

We recognize the limited number of training facilities available to residents and practitioners. We understand the need to use SCRD facilities for a training space. Training may include, but is not limited to, personal training, private coaching or instructing, and active rehabilitation.

The SCRD reserves the right to permit or refuse access to SCRD facilities by a Third Party Practitioner based on the following specific terms and conditions <u>prior to using any SCRD facility</u> as a training facility.

1. The Third Party Practitioner is required to meet with SCRD Recreation staff and provide originals of the following documentation for photocopying:

a) Current certification, registration or membership for recognized professional governing bodies of such professions as personal trainer and/or an undergraduate degree in Kinesiology, Human Kinetics, Exercise Science, or related field.

b) Current First Aid, with CPR - Level C and AED certificates.

c) Liability insurance certificate for at least \$2,000,000 AND include the SCRD at 1975 Field Road, Sechelt BC, V7Z 0A8 as additional insured.

d) Criminal record check, including vulnerable sector.

Any associated costs for obtaining and maintaining the above credentials are the responsibility of the Third Party Practitioner and NOT the SCRD. Third Party Practitioners are responsible for providing SCRD Recreation updated copies of their certifications upon expiry.

2. Upon meeting with SCRD Recreation staff, it is mandatory for the Third Party Practitioner to fulfill the following requirements:

a) Complete and sign the Third Party Practitioner registration form and Third Party Practitioner Agreement

b) Review and understand the emergency protocols for the facilities Initials _____

c) Review and understand the SCRD facility guidelines including code of conduct Initials _____

3. In consideration of the use of SCRD facilities, the Third Party Practitioner agrees to the following:

a) On the first visit of the day, scan Third Party Practitioner 10 Visit pass or pay the Third Party Practitioner drop-in fee (for each individual client session with maximum of two clients per session).

Additional Visits on the same day can be purchased at a reduced rate. Each Additional Visit allows the Third Party Practitioner to train one session for up to two clients. To access the Additional Visit rate, the Third Party Practitioner must present their Third Party Practitioner Drop-in Receipt from the same day OR ask the front desk staff to run a pass inquiry on their Third Party Practitioner 10 Visit pass to confirm they have already visited that day. A Third Party Practitioner can visit multiple facilities in one day and access the Additional Visit drop-in rate.

Third Party Practitioner Agreement

b) Pick up their Third Party Practitioner ID card on their first visit, which is to be visible at all times when training clients in SCRD weight rooms and studio spaces. ID cards able to be used as a Third Party Practitioner 10 Visit pass. Replacement cards are available on request to coordinator.

c) Ensure the training client(s) pay the drop-in rate or swipe their MYPASS or 10 Visit pass.

d) Train no more than the maximum of two clients at one time.

e) Third party training to occur in the weight rooms or pools but other facilities may be available to rent at the commercial rate.

f) Ensure their clients adhere to the SCRD facility guidelines including code of conduct.

g) Refrain from administering advanced practice techniques and testing, which may include, but are not limited to, maximal exercise testing, lactate threshold testing, manual therapy (manipulation, traction, massage, active release), body circumference measurements deemed inappropriate for public space, and the use of modalities.

h) Refrain from soliciting business while using our facilities unless you are approached.

i) Avoid offering advice or instruction to patrons other than your own clients, unless you witness a safety risk, then, we encourage you to educate the patron and/or notify SCRD recreation staff.

j) Refrain from dominating equipment, apparatus, or space; you are expected to share the equipment and space with the public.

k) Inspect and approve each apparatus before permitting your client to use the equipment.

I) Use of the Third Party Practitioner's own equipment is permitted provided it is not attached to or does not modify any SCRD equipment or infrastructure. The Third Party Practitioner MUST conduct weekly inspections and record maintenance of their equipment to deem it safe for use; the SCRD will not be held responsible for any equipment malfunction or injury related to the Third Party Practitioner's equipment.

m) Refer facility and program related questions to SCRD Recreation staff when unsure of the answer or not able to provide full response to their questions.

n) Should a substitute trainer be required to deliver services in your absence, they must register and provide full documentation to SCRD Recreation prior to using the facility.

o) The Third Party Practitioner is expected to train within their scope of practice as appropriate for the facilities.

p) The Third Party Practitioner agrees to acquire and maintain any necessary accreditation and insurance with respect to their services. Where mandatory or industry standards exist, the Practitioner agrees to ensure such standards are met and adhered to.

I have read and understand the Facility Usage for Third Party Practitioner Agreement and agree to abide by its terms and conditions. This agreement is valid from the date signed to July 31st of the current year. Expiry Date:_____

Third Party Practitioner Signature

Date:

Date: _____

Third Party Practitioner Approval Letter*

*To be filled out by Program coordinator once approved

Approval Date:

Practitioner's Full Name:

Business Name:

RE: Third Party Practitioner Letter of Understanding

To whom it may concern;

The Sunshine Coast Regional District (SCRD) is pleased to grant ______use of the SCRD facilities for the delivery of Third Party Practitioner services as per the terms of the Third Party Practitioner Agreement.

This agreement will be effective until July 31, _____ and renewal is required for it to continue.

We look forward to working with your business to provide expanded opportunities for our patrons and the residents of the Sunshine Coast.

Respectfully,

Fitness and Community Recreation Program Coordinator