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| **A.** | **CASE** | | | |
| **1.** | **This form represents my *Answer* to the *Request* filed under case number:** (Please refer back to the heading found on the SDRCC’s letter entitled “Acknowledgement of Receipt of a Request”.) | | | |
|  | SDRCC : |  |  |  |

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| **B.** | **IDENTIFICATION OF THE *PARTIES*** *(Please provide required contact information by completing Appendix A located at the end of this form)* | | | | | |
| **2.** | ***Claimant*** (If there is more than one *Claimant*, please attach the information to this form.) | | | | | |
|  | Name of the organization (if applicable): | |  | | | |
|  | Surname: |  | | First Name: |  |

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| **3.** | | ***Respondent*** (If there is more than one *Respondent*, please attach the information to this form.) | | | | | |
|  | | Name of the organization (if applicable): | |  | | | |
|  | | Surname: |  | | First Name: |  |
|  | |
| **4.** | ***Respondent’*s Authorized Representative** (i.e. lawyer, coach, parent, etc.)  *MANDATORY if the Respondent is considered a minor under the laws of his/her province of residence.* | | | | | | |
|  | | Surname: |  | | First Name: |  |

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| **C.** | ***RESPONDENT’S* STATEMENT** |
| **5.** | **Please provide a brief description of the dispute including, if applicable, the facts, the questions to be answered, and the arguments on which you base your defence.** |
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| **6.** | **Describe the solution that you are looking for from the SDRCC and the conclusion sought. Please name possible solutions, in your opinion, to resolve this dispute.** |
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| **D.** | **JURISDICTION OF THE SDRCC** |
| **7.** | **Do you intend to challenge the jurisdiction of the SDRCC and if so, on what grounds?** (An objection to the jurisdiction occurs when the *Respondent* is of the opinion that the dispute brought forward by the *Claimant* should not be heard by the SDRCC. The jurisdiction of the SDRCC is defined by subsection 2.1(b) of the Code.) |
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| **8.** | **Do you agree with the process (*Mediation*, *Med/Arb* or *Arbitration*) proposed by the *Claimant*?** | | | | | | | |
|  |  | Yes | or |  | No | |  |  |
|  | **If not, please indicate which of the following resolution process you would prefer:** | | | | | | | |
|  |  | *Mediation* | | | |  |  |  |
|  |  | *Med/Arb* | | | |  |  |  |
|  |  | *Arbitration* | | | |  |  |  |

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| **9.** | **Do you agree with the format for the procedures proposed by the *Claimant*?** | | | | | | | | | | | | |
|  |  | Yes | or |  | Partly | | or |  | Not at all | | | | |
|  | **If partly or not, please indicate the privileged format for the procedures:** | | | | | | | | | | | | |
|  |  | Documentary Review | | | | | | | | |  |  |  |
|  |  | Conference Call | | | | | | | | |  |  |  |
|  |  | Videoconferencing | | | | | | | | |  |  |  |
|  |  | In-Person Meeting; | | | | Specify location: | | | |  | | | |
|  |  | Other, specify: | | |  | | | | | | | | |

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| **10.** | **Do you agree with the language of the procedures proposed by the *Claimant*? (Determination of the language for the proceedings is governed by section 3.7 of the Code and by the SDRCC’s *Official Languages Policy*).** | | | | | | |
|  |  | Yes | or |  | No |  |  |

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| **E.** | **CHOICE OF THE *DISPUTE RESOLUTION PROFESSIONAL*** | | | | | | | | | | | |
| **11.** | **Do you agree with the *Dispute Resolution Professional(s)* proposed by the *Claimant*?** | | | | | | | | | | | |
|  |  | Yes | | or |  | Partly | or |  | Not at all | | | |
|  | **If not, please propose other *Dispute Resolution Professionals* as applicable from the SDRCC list available on its website at** [**www.sdrcc.ca**](http://www.sdrcc.ca)**, and indicate three choices in order of preference.** | | | | | | | | | | | |
|  | 1. | |  | | | | | | |  |  | If you have no specific preference or if the case is time-sensitive, you may indicate “Rotating List” for the SDRCC to appoint the next available professional. |
|  | 2. | |  | | | | | | |  |  |  |
|  | 3. | |  | | | | | | |  |  |  |
|  | Please feel free to contact the SDRCC if you need assistance with your choice. | | | | | | | | | | | |

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| **F.** | **IDENTIFICATION OF AN *AFFECTED PARTY*** *(Please provide required contact information by completing Appendix B located at the end of this form)* | | | | | | |
| **12.** | **Do you agree with the participation of the *Affected Party(ies)* as identified by the *Claimant* in the *Request* form?** | | | | | | |
|  |  | Yes | or |  | No |  |  |
|  | **If not, please indicate the reasons motivating your disagreement:** | | | | | | |
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| **13.** | | **If applicable, please indicate, to the best of your knowledge and referring to subsection 1.1(a) for the definition of an *Affected Party*, the name of any *Person* whose selection, carding, ranking or other status could be affected by the decision and provide the reasons justifying why that *Person* could be affected by the outcome of this case.** (If there is more than two *Affected Parties*, please attach the information to this form.) | | | | | | |
|  | | Name of the organization (if applicable): | |  | | | | | |
|  | Surname: | |  | | First Name: | |  | | |
|  | **Reasons why this *Person*  could be affected:** | | | | |  | |  |
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|  | | Name of the organization (if applicable): | |  | | | | | |
|  | Surname: | |  | | First Name: | |  | | |
|  | **Reasons why this *Person*  could be affected:** | | | | |  | |  |
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| **G.** | | **URGENCY** | | | |
| **14.** | **If there is an urgency to resolve the dispute, please indicate the absolute deadline by which it must be resolved and provide the reasons justifying an expedited procedure.** | | | | |
|  | Deadline: | |  |  |  |
|  | Reasons: | |  | | |
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| **15.** | ***Conservatory Measures* are requests addressed to the SDRCC in order to prevent the occurrence of irreversible consequences while waiting for the decision to be rendered after the completion of the Arbitration (see section 6.7 of the Code). If you are requesting such measures, please complete the form entitled “Application for Conservatory Measures”.** | |
|  |  | *Application for Conservatory Measures* attached |

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| **H.** | | **FOR A SELECTION OR CARDING DISPUTE** | |
| **16.** | **To the best of your knowledge, indicate how many places are available on the team (quota) or how many cards are available:** | |  |

|  |  |  |
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| **17.** | **Please provide, if available, the necessary information regarding the selection or carding criteria and process, or attach a copy of the applicable selection or carding policy.** | |
|  |  | Applicable policy attached |
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| **I.** | **OTHER PROCEDURES** |
| **18.** | **If you are aware of any other *Request* filed or other ongoing proceedings that might have an effect on the present *Answer* please provide, if available, the name and contact information of the *Parties* involved in those proceedings.** |
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| **J.** | **SPECIFIC REQUEST** |
| **19.** | **Please indicate any other request or consideration that should be taken into account in the enforcement of the SDRCC procedures.** |
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| **K.** | | **EXHIBITS AND EVIDENCE** |
| **20.** | **Please list the exhibits or other supporting documents or evidence, if any, that you intend to rely upon in support of this proceeding, other than the ones already identified or submitted by the *Claimant* in support of the *Request*.** | |
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| **L.** | **SDRCC OBSERVER PROGRAM** | |
| **21.** | **The SDRCC Observer Program is a professional development opportunity offered to SDRCC Dispute Resolution Professionals to observe proceedings conducted by their peers. Program participants are bound by *the same confidentiality rules* as Dispute Resolution Professionals appointed to the case and *may not discuss the case* with them until it is closed. Observers will have access to all documents and personal information contained on the Case Management Portal for the case. The Program will not be run if one of the parties does not consent to it.** | |
|  |  | I agree that the proceedings in my case be observed. |
|  |  | I refuse that the proceedings in my case be observed. |

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| **M.** | **DECLARATION AND SIGNATURE** | | | |
| **Any *Answer* filed with the SDRCC has to be signed by the *Respondent* or his/her authorized representative and has to be sent to the SDRCC within the deadline specified in the SDRCC’s letter entitled “Acknowledgement of Receipt of a Request”. If the *Respondent* is considered a minor in his/her province of residence, the *Answer* must be signed by his/her parent or legal guardian. If a *Med/Arb* or *Arbitration*, the disregard of the SDRCC deadline by the *Respondent* will in no way stop the appeal from proceeding nor the decision to be issued by the appointed *Arbitrator(s)*.** | | | | |
| I, the undersigned, file this *Answer* under the provisions of the Canadian Sport Dispute Resolution Code; | | | | |
| I, the undersigned, recognize that it is my responsibility to read and be aware of the SDRCC applicable rules and I agree in writing to observe them. I further agree and take full responsibility to ensure that my authorized representative(s), if any, will comply with the applicable rules regarding confidentiality and I further agree that I will be responsible for any breaches which may occur on the part of my authorized representative(s); | | | | |
| I, the undersigned, understand and accept that the SDRCC arbitral decisions are final and binding and may not be appealed;  I, the undersigned, understand and accept that the SDRCC collects, uses and discloses personal information in respect of parties to SDRCC proceedings and their authorized representative(s) in compliance with the SDRCC’s *Protection of Privacy Policy*, as amended from time to time, in particular, personal information that is necessary for its operations and for the purpose of my participation in the SDRCC’s dispute resolution services.  I, the undersigned, consent to:  1. My personal information and that of my authorized representative(s), including last names, given names and email addresses be collected, used and shared with other individuals involved in this proceeding;  2. The collection, use and disclosure of certain personal information and/or sensitive information including, but not limited to, health information and criminal offences obtained through the evidentiary record and submissions filed in the course of dispute resolution proceedings, as outlined in the SDRCC’s *Protection of Privacy Policy*; and to  3. The collection and use of my personal information, in particular, IP addresses, sections of the Case Management Portal consulted and information downloaded, for the purposes of troubleshooting technical issues with the Case Management Portal and detecting possible fraudulent attempted use. | | | | |
| Name: | |  | Title: |  |

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| --- | --- | --- | --- |
| Signature: |  | Date: | /    / |
|  |  |  | Day / Month / Year |

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| --- | --- | --- | --- |
| **Signature of the *Respondent’s* Authorized Representative:** | | | |
| Name: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | /    / |

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Day / Month / Year

**Please provide the contact information that the SDRCC can use to communicate with you regarding this case.** (If there are more than one *Respondent*, please attach the additional information to this form.)

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| ***Respondent*** | | | | | | | | | | | | | |
| Surname: | |  | | | | First Name: | | | | | |  | | |
| Telephone(s): | | | | Home: |  | | | | | | Cellular: | |  | |
|  | | | | Work: |  | | | | | |  | |  |
| Email Address: | | |  | | | | | or | |  | | | |
| Primary time zone from which you will join telephone proceedings: | | | | | | | | | | | | | |
|  | *Pacific (most of British Columbia and Yukon)* | | | | | |  | | *Eastern (most of Ontario and Quebec, and part of Nunavut)* | | | | |
|  | *Mountain (Alberta, Northwest Territories and parts of British Columbia and Nunavut)* | | | | | |  | | *Atlantic (New Brunswick, Nova Scotia, Prince Edward Island, Labrador)* | | | | |
|  | *Central (Manitoba, Saskatchewan and parts of Ontario and Nunavut)* | | | | | |  | | *Newfoundland (Island of Newfoundland)* | | | | |
| ***Respondent’s* Authorized Representative** (i.e. lawyer, coach, parent, etc.)  *MANDATORY if the Respondent is considered a minor under the laws of his/her province of residence.* | | | | | | | | | | | | | |
| Surname: | |  | | | | First Name: | | | | | |  | | | |
| Telephone(s): | | | | Home: |  | | | | | | Cellular: | |  | |
|  | | | | Work: |  | | | | | |  | |  |
| Email Address: | | |  | | | | | or | |  | | | |

**Please indicate the contact information of any *Affected Party* identified in section F of this form and of those identified in section E of the *Request* form filed by the *Claimant*.** (If there are more than six (6) *Affected Parties*, please attach the additional information to this form.)

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| Name of the organization (if applicable): | | | | |  | | | | | | | |
| Surname: |  | | | | | | First Name: | | |  | | | |
| Email Address: | | | |  | | | Telephone: | | |  | | | |
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| Name of the organization (if applicable): | | | | |  | | | | | | | |
| Surname: |  | | | | | | First Name: | | |  | | | |
| Email Address: | | |  | | | | Telephone: | | |  | | | |
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| Name of the organization (if applicable): | | | | |  | | | | | | | |
| Surname: |  | | | | | | First Name: | | |  | | | |
| Email Address: | | |  | | | | Telephone: | | |  | | | |
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| Name of the organization (if applicable): | | | | |  | | | | | | | |
| Surname: |  | | | | | | First Name: | | |  | | | |
| Email Address: | | |  | | | | Telephone: | | |  | | | |
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| Name of the organization (if applicable): | | | | |  | | | | | | | |
| Surname: |  | | | | | | First Name: | | |  | | | |
| Email Address: | | |  | | | | Telephone: | | |  | | | |
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| Name of the organization (if applicable): | | | | |  | | | | | | | |
| Surname: |  | | | | | | First Name: | | |  | | | |
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