

PERMISSION FOR INTERSCHOOL ATHLETIC PARTICIPATION

APPENDIX "D6"

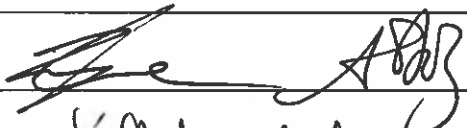
(Also found in: Interschool Physical Education Safety Guidelines Appendix "A")

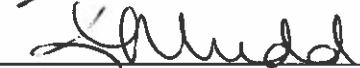
KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Interschool Athletic Activity/Team/Club Information

Parents should retain this page for future reference.

School:	Duke of Cambridge P.S.	Phone:	905-623-5437
Teacher/Coach(es):	A. Stolz	Grade(s):	7 and 8
Interschool Athletic Activity/Team/Club:	Ultimate frisbee team practices and tournament		
Schedule of games and practices:	<p>Tryouts and practices will take place after school on Mondays and Thursdays in the Duke field until 3:45.</p> <p>Once the team is decided practices will continue on Mondays and Thursdays until the tournament date.</p> <p>The tournament will take place Monday, June 10th at the Hydro Fields in Clarington.</p>		
Travel arrangements:	Rides with parents to and from the hydro fields on June 10th.		
Clothing and equipment requirements:	At the very least students need shoes, and appropriate clothing.		
Additional requirements (e.g. fees)			
Supervision arrangements:	A. Stolz & T. Carcone		

Teacher signature:  Date: May 1/19

Principal signature:  Date: May 1/19

Freedom of Information Notice: The information provided on this form is collected pursuant to the school board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and protection of privacy act, and will be utilized only for the purposes related to the Board's policy on Risk Management for Interschool Athletics. Any questions with respect to this information should be directed to your school principal.

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

This form is to be completed on behalf of an athlete who wishes to participate in interschool sport and must be returned to the coach **prior to the athlete's first team tryout by: Monday, May 6th**

Student Information:

Student/Athlete Name: _____ Health Card # (optional): _____
 Parent/Guardian Name: _____ Home Address: _____
 Home Phone #: _____ Work Phone #: _____

Emergency Contact Information:

1. Emergency Contact Name: _____ Home Phone # _____
 Work Phone #: _____
 2. Emergency Contact Name: _____ Home Phone # _____
 Work Phone #: _____
 3. Physician Name: _____ Physician Phone #: _____

Medical Information (note: an annual medical examination is recommended)

1. Date of last complete examination: _____
2. Date of last tetanus immunization: _____
3. Is your son/daughter/ward allergic to any drugs, food or medication/other? Y__ N__
 If yes, provide details _____
4. Does your son/daughter/ward take any prescription drugs? Y__ N__
 If yes, provide details _____
5. What medication(s) should the participant (son/daughter/ward?) have available during the sport activity

6. Who should administer the medication? _____
7. Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? Y__ N__
8. Has your son/daughter/ward been identified as being anaphylactic? Y__ N__
 If yes, does he/she carry an EpiPen®™? Y__N__
9. Does your son/daughter/ward wear eyeglasses? Y__ N__ Contact lenses? Y__ N__
10. Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:
 - a. epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, allergies:

 - b. head or back conditions or injuries (in the past two years): _____
 - c. arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or hyper mobile or painful joints, trick or lock knee: _____
11. Please indicate any other medical condition that will limit participation:

12. If a concussion has been diagnosed over the summer break, the Request to Resume Participation - Concussion Related Injuries form must be completed by a physician before the student returns to class/intramural and interschool activities. Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic participation Form".

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Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anaesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

Student Accident Insurance Notice

The Kawartha Pine Ridge District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance on behalf of the athletes participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year.

Transportation Insurance Notice

The "Departure from Itinerary Form" must be completed in advance if a student intends to depart from the specified itinerary. Departure from itinerary includes finding alternative modes of transportation to and from destinations. This form is available on request. In the case of an accident the Kawartha Pine Ridge District School Board recognizes the insurance coverage carried by the vehicle owner as the primary insurance and the primary owner's policy would apply before any other insurance. Only if the claim exceeds the liability limit carried on the owner's Auto policy would the Board's excess insurance for non-owned automobiles apply, and then only for the amount in excess of the limit. The Kawartha Pine Ridge District School Board will not cover speeding tickets or other parking or traffic fines; collision, comprehensive, or other primary insurance policy deductibles carried by owner; reimbursement of vehicle damage not otherwise covered by the owner's primary policy and premium increases resulting from at-fault accidents.

Elements of Risk Notice

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. The Kawartha Pine Ridge District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of students participating in these activities.

Higher Risk Activity

This is is not considered a higher risk activity. Examples of risks associated with this higher risk activity are:

1. _____
2. _____
3. _____

These risks result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board or its employees or agents, or facility where the activity is taking place. By choosing to participate in the activity, you, the student, are assuming the risk of an accident occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The Kawartha Pine Ridge District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement:

As this activity is part of or an extension of the school program, students must adhere to the school Code of Conduct.

Please discuss with a school representative, any personal, family, financial, or cultural factors which may prevent your child/ward from participating in this activity.

I/We have read and understand the notices of Accident Insurance and Elements of Risk. I/We give permission for my son/daughter/ward to try out/participate on the Ultimate frisbee team practices and tournament team during the 2019 school year.

I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident-insurance coverage.

Student Name (please print): _____

Parent/Guardian Signature: _____ Date _____

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