

**PARENT/GUARDIAN PERMISSION TO TRYOUT, PARTICIPATE AND TRAVEL FOR INTERSCHOOL ATHLETICS**

**A. PPENDIX "D6"**  
PAGE 1 OF 3

PARENTS RETAIN PAGE 1

**KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD**

**Parents should retain:**

Page 1: Information regarding the interschool athletic activity/team/club.

**Please return pages 2 & 3 to the coach prior to the athlete's first team tryout by:**

Page 2: Student, Emergency and Medical Information

Page 3: Acknowledgement of Risks, Permission to Participate and Travel.

Monday June 17/19

School:	Duke of Cambridge P.S		Phone:	905-623-5437
Head Coach:	M LeBlond and Mme Nieto	<input checked="" type="checkbox"/> KPR Staff <input type="checkbox"/> Volunteer	Grade(s):	4, 5, 6
Team Name:	Junior Ultimate Team	Selection of Members: Team already made	<input type="checkbox"/> All interested students <input checked="" type="checkbox"/> Based on tryouts <input type="checkbox"/> Other:	
School Year:	2018-2019			
Schedule of tryouts, practices and/or games:	We made it to KPREAA! The tournament will take place at the Cobourg Community Centre on Tuesday June 18 <sup>th</sup> , 2019. Bus departs from B.H.S at 7:30am and will return at 2:40 hopefully to B.H.S. Please provide us with your cell phone in case we are running late. Alternative transportation may be needed. *Practice Monday June 17 <sup>th</sup> until 4pm*			
Travel Arrangements: The following transportation methods will be used for the majority of travel	<input checked="" type="checkbox"/> KPR Bus <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Private vehicle <input type="checkbox"/> Public Transit <input type="checkbox"/> By foot <input type="checkbox"/> Plane	<input type="checkbox"/> Train <input type="checkbox"/> Boat <input type="checkbox"/> Participants must arrange own transportation <input type="checkbox"/> Other:	Additional Instructions: Bus leaves Bowmanville High School (B.H.S) at 7:30am. We return by bus at 2:40 to B.H.S.	
All drivers of private vehicles (volunteers) must be approved by the Principal. A "Departure from Itinerary" form must be completed in advance if a student intends to depart from the specified itinerary or uses alternative modes of transportation to and from destinations. This form is available on request.				
Clothing and equipment requirements:	We will be outdoors all day. Please pack a lunch, water, cleats, hat, sunscreen etc. No metal cleats ↑ rubber only			
Additional requirements: (e.g. fees)	There is no cost for this event.			
Supervision arrangements:	M. LeBlond and Mme Nieto			

Coach's signature:



Date:

June 14, 2019

Principal's signature:



Date:

June 14/19



**PARENT/GUARDIAN PERMISSION TO TRYOUT, PARTICIPATE AND TRAVEL FOR INTERSCHOOL ATHLETICS**

**A. PPENDIX "D6"**

PAGE 2 OF 3

RETURN PAGES 2 AND 3 TO THE COACH

**KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD**

This form is to be completed on behalf of an athlete who wishes to participate on the Jr Ultimate tournament team and must be returned to the coach *prior to the athlete's first team tryout by: Monday June 17/19*

**Student Information:**

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

**Emergency Contact Information:**

Emergency Contact Name:		Home Phone #:	
		Work Phone #:	
Emergency Contact Name:		Home Phone #:	
		Work Phone #:	
Physician Name:		Physician Phone #:	

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

- Date of last complete examination: \_\_\_\_\_
- Date of last tetanus immunization: \_\_\_\_\_
- Is your son/daughter/ward allergic to any drugs, food or medication/other?  Yes  No  
If yes, provide details \_\_\_\_\_
- Does your son/daughter/ward take any prescription drugs?  Yes  No
- What medication(s) should the participant (son/daughter/ward) have available during the sport activity?  
\_\_\_\_\_
- Who should administer the medication? \_\_\_\_\_
- Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card?  Yes  No
- Has your son/daughter/ward been identified as being anaphylactic?  Yes  No  
If yes, does he/she carry an EpiPen?  Yes  No
- Does your son/daughter/ward wear eyeglasses?  Yes  No Contact lenses?  Yes  No
- Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:
  - epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, allergies: \_\_\_\_\_
  - head or back conditions or injuries (in the past two years): \_\_\_\_\_
  - arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or hyper mobile or painful joints, trick or lock knee \_\_\_\_\_
- If a concussion has been diagnosed, 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".
- Please indicate any other medical condition that will limit participation: \_\_\_\_\_

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RETURN PAGES 2 AND 3 TO THE COACH

**KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD**

This form is to be completed on behalf of an athlete who wishes to participate on the Jr Ultimate tournament team and must be returned to the coach **prior to the athlete's first team tryout by:** Monday June 17/19

**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.

Parent/Guardian Signature: \_\_\_\_\_

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

**Athlete 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, including concussion. 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, Permission to Participate and Travel, 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 notice of Elements of Risk. \_\_\_\_\_ (initials of Parent/Guardian)
- I/We acknowledge and accept the risk inherent in the activity and assume responsibility for my/our son/daughter/ward for personal, health, medical, dental, and accident insurance coverage. \_\_\_\_\_ (initials of Parent/Guardian)
- I/We have read and understand the notices of Accident Insurance. \_\_\_\_\_ (initials of Parent/Guardian)
- I/We give permission to the supervising adult(s) to obtain professional assistance in the event that my son/daughter requires medical attention. \_\_\_\_\_ (initials of Parent/Guardian)

Where school fees are required for this activity, please indicate method of payment:  School Cash Online  Cheque  Other: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**Photo and Video Consent:** In compliance with the Municipal Freedom of Information and Protection of privacy Act, the Kawartha Pine Ridge District School Board requires permission to allow photo/video recording of identifiable students and staff. Please indicate your consent by checking the boxes and signing in the space provided.

- I authorize the Kawartha Pine Ridge District School Board to use the name, grade, photograph, art work, articles and school projects of my child/children, in school newsletters, Board publications, Board supported electronic media (e.g. Board website) or other displays.
- I authorize the Kawartha Pine Ridge District School board to allow the news media to interview and publish photographs or audio/visual productions of my son/daughter.

Parent/Guardian Signature: \_\_\_\_\_

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

*\*Only fill out if you plan to take your child home with you after the tournament. NEEDS TO BE RETURNED MONDAY June 17/19.*

**Student Information**

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

**Reason for Departing from the Itinerary**

\_\_\_\_\_  
 \_\_\_\_\_

**Complete Section A or B**

**A - Independent Student Travel (for in-province trips only)**

by car: \_\_\_\_\_  other: \_\_\_\_\_  
(make, model and license plate) (e.g. bus, bicycle, walking, etc.)

Note: additional student passengers require the completion of Authorization For Volunteer Drivers - Appendix C

**B - Adult Assuming Responsibility For Student**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (am): \_\_\_\_\_ Phone (pm): \_\_\_\_\_  
 Phone (cell): \_\_\_\_\_ Phone (alt): \_\_\_\_\_  
 Meeting Place: \_\_\_\_\_  
 Meeting Date & Time: \_\_\_\_\_

**Travel/Transfer Arrangements Agreed Upon With Supervising Teacher**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian and Student:** I am aware of and approve of the above arrangements and I agree to the terms and conditions, in particularly condition 6 that I/we pay to the Board all costs arising from the need to make alternative arrangements should the proposed transfer not take place.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervising Teacher Approval:** I am aware of and approve the above arrangements.

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

**Principal and Superintendent Approval**

Required for in-province trips  
 Principal Approval: I am aware of and approve the arrangements.

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

Required for out-of-province/country trips  
 Superintendent Approval: I am aware of and approve the arrangements.

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

### KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Departures from itinerary are generally not encouraged; particularly in the case of trips that are overnight and/or are a great distance from the school. Departures from the itinerary may be granted under exceptional circumstances, such as to visit with relatives, the pursuit of a special interest or when circumstances require that the student use alternative methods of transportation (e.g. walking or driving him or herself).

Requests to depart from an itinerary must be made in advance to the Teacher, Principal and Superintendent (for out-of-province trips), thereby placing the responsibility on the student and parent/guardian making the request.

The student *and* the parent must adhere to the following conditions when a Departure of Itinerary is requested, approved, and executed:

1. The student will be permitted to depart from the itinerary and leave the group only if the student's parents have provided, in writing, a letter addressed to the Teacher and the Principal or Superintendent, setting out the circumstances and clearly identifying the adult who will be taking responsibility for the student when the student leaves the group and the details of time and place the proposed transfer will take place.
2. The arranged transfer cannot inconvenience the trip supervisors and/or the student group.
3. The adult who has been approved to assume responsibility may do so for only one student to whom he or she is unrelated (unless otherwise approved by the Principal and Superintendent) or for as many students to which he or she is related.
4. The adult who has been approved to assume responsibility for the student must present appropriate picture identification to the supervising teacher for the transfer to occur.
5.
  - a) The arranged transfer must involve a direct transfer of the student by the supervising teacher to the adult who has been approved to assume responsibility for that student.
  - or
  - b) Arrangements have been made for the student to travel independently, for example, by car (in-province trips only). Note: additional student passengers requires the completion of Authorization For Volunteer Drivers - Appendix C.
6. If the adult who has been approved to assume responsibility for the student does not arrive at the pre-scheduled location and at the pre-arranged time or does not produce appropriate identification, the transfer will not take place and a trip supervisor will retain responsibility of that student. In this event, the parent(s) of the student are fully responsible to reimburse the Board for all additional costs associated with accommodations, meals, and transportation for BOTH the trip supervisor and the student arising from the need to make alternate arrangements.
7. The responsibility of the teacher(s)/trip supervisor(s), school, and Board for the student is immediately terminated at the time of the transfer.

All sections shall be completed by the student, in consultation with the parent/guardian and teacher, prior to departure. Copies shall be kept by the teacher and by the school for a period of one year following the date of transfer.

Dear Parents/Guardians,

We cannot guarantee the time that the bus will be returning from the tournament. Please provide us with a phone number where we can reach you if we are running late, as the students will miss their bus and need to be picked up.

I am the parent of \_\_\_\_\_. My name is \_\_\_\_\_.  
Here is a phone number where I can be reached\_\_\_\_\_.

Please return this form along with the permission form.

Thank you,

M. LeBlond and Mme Nieto

