

Interschool Athletics Tryout and Participation (Elementary)

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

To Parents/Guardians:

Your son or daughter has indicated a wish to participate on the Cross Country team. This form is to be completed prior to the first practice and is intended to inform you about the program and to seek your support and your permission for your child to try out, and if successful, participate as a team member.

Date: September 11, 2018 Coach/Staff Adviser: Mr. S. Coetz
Principal: Mrs. L. Guffin School: Garden Avenue P.S. Phone: (416) 393-9165

It is important that your child participate safely and comfortably in the interschool athletics program. In your child's best interests, we recommend the following:

- a) Student should have an annual medical examination.
- b) Student should bring emergency medication, e.g., asthma inhalers, to interschool activities.
- c) Jewellery must be removed, if possible. Jewellery which cannot be removed and which presents a safety concern (e.g., medical alert/identification/religious requirement) must be taped.
- d) The wearing of an eyeglass strap and shatter-resistant/shatterproof lens, if your child wears glasses that cannot be removed during interschool activities.
- e) Attention to environmental concerns (e.g., protection from sun, hypothermia, dehydration, and frostbite).
- f) The use, when necessary, of a personal water bottle.
- g) In the event that the student uses personal or borrowed sports equipment, the student or parent/guardian (if the student is under the age of 18) is responsible for ensuring that the equipment is in good working order, fits properly, conforms with recognized safety standards, and has not been altered from its original condition.

A. Elements of Risk

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

The Toronto District School Board does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of students participating in these activities. Student accident insurance is available to provide coverage beyond that allowed by the Ontario Health Insurance Plan. Contact the school for specific information and application forms

B. Medical Information

You are urged to consult your family doctor prior to your son or daughter participating in interschool athletic activities. If your child has, or has had, any health problems that might affect his/her participation or safety, please provide details in writing below. Should your son/daughter sustain an injury or contact an illness requiring medical attention during the competitive season, please notify the coach and complete the form "Request to Resume Athletic Participation," if applicable (see *Physical Education Elementary Interschool Athletics Safety Documents* – Appendix C: Request to Resume Athletic Participation).¹

¹ Appendices are attached to the procedure document (PR.511 SCH: Excursions).

C. Date(s) of athletic off-school property tryouts/competition (Please attach, if preferred, schedule of off-school property tryouts/competition, times, locations.)

Junior

Date <u>Sept 13, 15</u>	Destination <u>Carleton Place High</u>	Departure time from school <u>8:00 am</u>	Return time <u>8:45 am</u>
Date <u>20th 25th</u>	Destination <u>Parkland</u>	Departure time from school <u>8:00 am</u>	Return time <u>8:45 am</u>
Date <u>27th Oct 2</u>	Destination <u>Back to Carleton</u>	Departure time from school <u>8:00 am</u>	Return time <u>8:45 am</u>
Date <u>Sept 13</u>	Destination _____	Departure time from school <u>3:30 pm</u>	Return time <u>4:15 pm</u>
Date <u>18th 20th</u>	Destination _____	Departure time from school <u>3:30 pm</u>	Return time <u>4:15 pm</u>
Date <u>25th 27th</u>	Destination _____	Departure time from school <u>3:30 pm</u>	Return time <u>4:15 pm</u>

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* N.B. There is also a schedule in letter part of package

- In exceptional circumstances, dates and times may change. Every effort will be made to communicate these changes to you ahead of time.
- The Board's *Safe Schools Policy* and this school's *Code of Conduct* apply throughout all competition. Copies are available from the school office. Parents/guardians are responsible for any applicable losses or costs should their child engage in misconduct, including a breach of the Board's *Safe Schools Policy* or the school's *Code of Conduct*. This could include costs for transportation home, or for damages resulting from misconduct.

D. Transportation, if applicable

The following transportation modes may be used for students trying out for/participating on the team.

TDSB bus Commercial vehicle Public transit Other Students arrive at school from home
 Taxi Walk Private vehicle/adult driver * as they normally do
 Private vehicle/student driver * for morning practices

*If volunteer drivers and /or private vehicles will be used, *Form 511F: Principal Authorization for Volunteer Drivers* must be completed and approved by the principal prior to the excursion.

This is an important document. Please ensure that someone is able to translate and explain this document to you.

Student _____ School _____

Birth Date _____ Day _____ Month _____ Year _____ Age _____ (December 31 prior to current school year)

Home Address _____ Postal Code _____

Home Phone _____ Business Phone _____

Family Doctor _____ Phone _____

Emergency Contact Name _____ Phone _____

Ontario Health Card Number _____

E. (To be completed by the athlete)

Behaviour Code: I am aware that it is a privilege and not a right to participate on a school team. Therefore, I fully understand that it is my responsibility to follow the athletic association's *Code for Athletes* and my school's *Code of Conduct* and to display good sportsmanship at all times while representing my school as a student athlete.

Name of Student: _____ (please print)

Signature of Student: _____ Date: _____

Parent/Guardian Permission for Excursion

The collection and retention of the information requested on this form is authorized and governed by the Ontario Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

School: Garden Avenue P.S. Telephone: (416) 393-9165
 Teacher(s): S. Goetz Grade/Class: 2-6
 Student: _____ Date of Excursion: October 4th
 Nature of Activity: Cross Country Meet
 Destination: Hshbridge's Bay
 To Parents and Guardian:

The purpose of this form is to inform you about the excursion and to seek your support and permission for your child/ward to participate. This information may be shared as necessary with adults supervising the excursion.

This is an important document. Please ensure that someone is able to translate and explain this document to you.

Purpose of the excursion: Extra-Curricular - Sports

Itinerary
 Program/itinerary: Scheduled races.

Departure from School: Date Oct 4th Time 8:45 - 9:00 a.m.
 Return to School: Date Oct 4th Time 2:30 - 3:00 p.m.
 In exceptional circumstances, dates and times may change. Every effort will be made to communicate these changes to you ahead of time.

Method of Travel
 TDSB bus _____ Public transit _____ Commercial vehicle
 Private vehicle(adult driver)* _____ Private vehicle(Student driver)*

*Approval of the principal is required for all volunteer drivers. The school will make every effort to ensure that parent/guardian consent is obtained for each excursion for students to travel in private vehicles.

Requirements for Participants
 Food/snacks: Bring lunch and Money: not needed
 Notebook: snacks Clothing and equipment: running shoes, running
 Other: (dress appropriate for weather) clothing, no jeans

As part of the excursion, students will be participating in the following high-care activities. These activities involve increased risk or special safety considerations, or require special qualifications or certification for supervision. Appropriate supervision will be provided.

Accommodation (if required) _____ Phone # _____

Financial Arrangements
 Total cost per student: \$ _____ Deposit required: \$ _____ Payable to: _____

Excursion Staff
 Teacher: S Goetz School contact during the excursion: (office) 393-9165
 Staff Supervisors: C. Cox, A. Hritzen
 Volunteer Supervisors (if known): Lesley McClure, Jennifer Alefounder
 Teacher S Goetz Signature _____ Date Sept 11, 2018
 Administrator L. Gerbier Signature _____ Date Sept 11, 2018

Please sign in either the YES or the NO box and return
this form to the teacher by: _____

YES

I/we give permission for my/our child/ward, _____, to participate
in the excursion

to _____ on (date) _____

Emergency Contact: _____ Emergency Phone Number: _____

I/we give permission for my/our child/ward to be transported in a private vehicle (adult driver) _____, private vehicle
(student driver) _____ who has been authorized by the principal.

Parent Signature _____

Is there any change in medical information or a medical reason why your child should not participate in the activity, or which may
lead him/her to require special attention during the activity? _____

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best
judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we
also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Name of Parent/Guardian _____
(printed name of parent/guardian)

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)

For students 18 years old or older, it is strongly recommended that the parent/guardian also sign this form.

I wish to volunteer on this trip: Yes _____ No _____

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)

NO

I/we do not give permission for my/our child, _____, to
participate in the excursion to _____ on
(date) _____

Name of Parent/Guardian _____
(printed name of parent/guardian)

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)