



# St. Albert PUBLIC SCHOOLS

## INTERSCHOOL ATHLETIC PARTICIPATION INFORMATION AND PARENTAL CONSENT FORM

### To Parent(s) or Guardian(s):

Please carefully read the contents of this consent form before signing it. Clarify any concerns with the teacher-leader or principal before signing. If this consent form is not signed and returned to the school by \_\_\_\_\_, your child **WILL NOT BE ALLOWED TO PARTICIPATE**.

***A current physical examination is recommended for all athletes prior to participation each year.***

### DESCRIPTION OF INTERSCHOOL SPORT

The student will be participating in the following activities (check all that apply):

- |                                     |  |                                     |  |
|-------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Badminton  | <input type="checkbox"/> Cheerleading    | <input type="checkbox"/> Football   | <input type="checkbox"/> Track & Field       |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Rugby - Contact | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Rugby - Non Contact |
| <input type="checkbox"/> Curling    | <input type="checkbox"/> Indoor Soccer   | <input type="checkbox"/> Slo-Pitch  | <input type="checkbox"/> X-Country Running   |
| <input type="checkbox"/> Swimming   | <input type="checkbox"/> Outdoor Soccer  | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> _____               |

The season dates are currently scheduled from:

\_\_\_\_\_ to \_\_\_\_\_

The practice days are: \_\_\_\_\_

The practice times are: \_\_\_\_\_

***Parents will be advised in advance of tournament and playoff schedules if applicable.***

### METHOD OF TRANSPORTATION

Transportation to games will include the following (check all that apply):

- Bus Charter – Name of Company \_\_\_\_\_
- Van – Van Type  
*(Requires Completion of Volunteer Driver Form)* \_\_\_\_\_
- Private Vehicle  
*(Requires Completion of Volunteer Driver Form)* \_\_\_\_\_
- Other – Please Specify \_\_\_\_\_

### COST TO THE STUDENT

Student Participation Fee: \_\_\_\_\_

(School equipment is issued to the student for participation. It is the student's responsibility and must be returned promptly upon request. Reimbursement will be expected for loss or destruction beyond ordinary wear and tear.)

## DESCRIPTION OF THE SUPERVISION

Teacher - Leader(s): \_\_\_\_\_

Coach(es): \_\_\_\_\_

***(Coaches will seek advice and assistance from experts to ensure that "Safety Guidelines for Secondary Interschool Athletics in Alberta" are in place.)***

**The following information must be available for every student:**

Emergency Contact(s): \_\_\_\_\_

Emergency Number(s): \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

List of Medications/Medi-Alert Necklace (Bracelet) if Applicable:

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## EMERGENCY PROCEDURES

**(To Be Followed In The Event Of Injury, Illness, or Unusual Circumstances)**

In the event of an injury or illness, a response by supervisory staff will include the following:

- Assessment of the situation and provision of first aid as necessary
- Decision to involve emergency response teams (paramedics, etc.)
- Contact with parent/guardian/emergency contact (when possible)

## CONSENT AND AUTHORIZATION

### ***IMPORTANT – PARENT/GUARDIAN:***

***The following sections contain important information. Please read them carefully and ensure that you understand them completely.***

### **Notice of Risk**

Some forms of athletic competition involve rigorous physical contact among students, the use of equipment which may result in accidents, strenuous physical exertion, and other exposures to risk injury. Students will be instructed in the proper techniques to be used in practice and competition and the proper use of equipment and facilities. However, you are advised that instruction, precaution and proper equipment may not prevent some accidents resulting in serious, traumatic injury.

### **Changes to Itinerary and Associated Costs**

I understand that the athletic participation will follow the description as set out above as closely as possible.

I also understand that contingencies can arise that necessitate sudden changes to activities and destinations. **I agree that the supervisors of the athletic participation have full authority to make decisions related to team schedules and travel without obtaining my further consent.**

**Discipline**

I understand that my child must obey the rules established by the school and the team supervisors. **I agree that if my child breaches the rules he or she will be subject to consequences.**

**Illness and Injury**

I hereby give my consent for the student named below to represent his/her school in interschool athletics. I also give my consent for him/her to accompany the team as a member on its out-of-town trips. I fully understand that injuries can occur during athletic participation. If I cannot be reached in the event of an emergency, I also give consent and authorize the school to obtain through physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. **I agree that if illness or injury necessitates the expenditure of money for special travel arrangements or any other reason deemed necessary by the supervisors, I will be responsible for all of those costs.**

**Accident Insurance**

It is the parents' responsibility to carry accident insurance for their child. **I agree that I will purchase accident insurance for my child if I wish to have such insurance.**

St. Albert Public Schools does have liability insurance that provides coverage for incidents caused by the negligence of St. Albert Public Schools or its staff.

**Consent**

I have read and understood all of the above. I have obtained any additional information I feel I need in order to satisfy myself that I want my child to participate in \_\_\_\_\_.

**I consent to the participation of my child named below in:**

\_\_\_\_\_

**I also consent to my child's participation in all activities associated with:**

\_\_\_\_\_

**Except as I have specified below:**

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

**Student's Name (please print):** \_\_\_\_\_

**Parent/Guardian Name(s) (please print)** \_\_\_\_\_

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

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