

ATHLETIC CONSENT FORM**Student Accident Insurance Notice:**

The Algonquin and Lakeshore Catholic District School Board does not provide any accidental death, disability, dismemberments/medical/dental expenses insurance on behalf of the students 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 and throughout the school year.

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 very nature of some activities, injuries may range from minor sprains and strains to more serious injuries afflicting 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 for the facility where the activity is taking place. Activities that are identified as having the potential for more serious consequences are archery, alpine skiing, snowboarding, broomball, cheerleading (acrobatic), diving, fencing, field hockey, football, gymnastics, ice hockey, lacrosse (field, box), mountain biking, rugby, swimming, track and field – field events: javelin, shot-put discus, high jump, pole vault, triathlon, water polo, weightlifting and wrestling. By choosing to participate in these activities, you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Algonquin and Lakeshore Catholic 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:

I/we have read and understand the notices of accident insurance and elements of risk. I/we hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter for personal health, medical, dental and accident coverages. I/we request my son/daughter/ward to participate on the

_____ team during the _____ school year.
Sport

I/we agree that the Algonquin and Lakeshore Catholic District School Board or its employees, servants or agents shall not be liable for any injury for my son/daughter/ward or loss or damage to personal property arising from, or in any way resulting from participation in the above listed activities.

Signature of Parent/Guardian: _____

Date: _____

Signature of Athlete: _____

Date: _____

Freedom of Information Notice:

The information provided on this form is collected pursuant to the 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 Interscholar Activities. Any questions with respect to this information should be directed to your school principal.