



ATHLETIC PARTICIPATION AND CONSENT FORM

Parents, any student wishing to **try-out** for a sports team at Holy Cross will be required to fill out the **ATHLETIC PARTICIPATION AND CONSENT FORM**. Forms must be filled out and handed in to the Coach prior to being allowed to try-out or participate.

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.

Participation is voluntary and costs are to be paid by the parent or guardian. This insurance will provide coverage for school activities as well as activities outside of the school day. This insurance can be purchased any time throughout the year.

Use the link below for more information regarding student accident insurance.

www.insuremykids.com



ATHLETIC PARTICIPATION AND CONSENT FORM

This form is to be completed on behalf of a student who wishes to participate in interschool sports and returned to the coach prior to the student's first practice.

Student's Name: _____ School: _____

Address: _____ Postal Code: _____

Phone #: _____

Parent / Guardian: _____ Work Phone Phone #: _____

Student's Physician: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Note to Parent / Guardian: An annual medical examination is recommended.

MEDICAL INFORMATION:

1. Date of Last Complete Examination: _____
2. Date of Last Tetanus Immunization: _____
3. Is your son/daughter/ward allergic to any drugs, food medication, or other?
If Yes, provide details: _____
4. Does your son/daughter/ward take any prescription drugs? Yes No
If Yes, provide details: _____
5. What medication(s) should the participant have on hand during the sport activity? _____
6. Does your son/daughter/ward wear a medical alert bracelet , neck chain , or carry a medical alert card? Yes No
7. Does your son/daughter/ward wear eyeglasses? Yes No
Contact Lenses? Yes No
8. Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details: epilepsy diabetes orthopaedic problems asthma
 deaf or hard of hearing allergies (details: _____)
 head or back injuries (in the past two years): _____
 arthritis or rheumatism chronic nosebleeds dizziness headaches
 hernia swollen, hyper mobile or painful joints trick or lock knee
Any other medical information that will limit participation? _____
9. Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach.

HOLY CROSS CATHOLIC SECONDARY SCHOOL

1085 Woodbine Road
Ms. T Daniel, Principal

Kingston, Ontario

K7L 4V2
Tel: (613) 384-1919

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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 coverage. 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 Interschool Activities. Any questions with respect to this information should be directed to your school principal.