RESURRECTION CATHOLIC SECONDARY SCHOOL

ATHLETIC DEPARTMENT POLICIES

CONGRATULATIONS! As an athletic representative of Resurrection Catholic Secondary School, you should feel honoured and proud. Please take the time to familiarise yourself with our departmental policies detailed below. **Parents and athletes should read these policies *carefully* before signing the end of this form.**

1. **Academics are your first concern.** When missing a certain class because of competition, you are responsible for checking in with the teacher of the affected class. This will allow you to stay on track with your course content. Please, for your own sake, do not allow your involvement in athletics to have a detrimental effect on your school work. If this does happen, your coach may need to sit down with you and put a plan together to encourage success.
2. Your student council supports athletics financially; therefore you must support your student council financially. In order to be a team member, you must purchase a student activity card.
3. Needless to say, punctual and regular attendance at all practices and games (meets) is mandatory. You owe it to your coach(es), your teammates, and yourself.
4. Your team uniform is not spirit wear unless you have personally purchased the uniform. The team uniforms are very costly and we would like to have them last as long as possible.
5. **If you are absent/truant from school on a particular day, then participation in a practice or game (meet) on that day will not be permitted.** If it is a game (meet) that you will be missing, please be sure to phone your coach to inform him/her that you will not be at the game (meet).
6. Times for dismissal from class for games (meets) will vary from team to team. Your coach(es) will notify you of your team's dismissal times for home and away contests at the beginning of the season. Please do not leave class earlier than the time given to you by your coach. Also, please be **QUIET** when in the hallways as classes will be in progress.
7. Your complete team uniform must be worn for all games (meets).
8. If you do lose or damage any part of your uniform, you will have to pay the current price for replacing it.
9. At Resurrection C.S.S., one of the goals of the athletic department is to instill important life values such as persistence and perseverance. We do not condone the lack of honest and conscientious effort on the part of our athletes. If you choose to quit a team or if you are removed from a team, your case will have to be reviewed before you are permitted to play for another team at Resurrection. The review process may involve you, the athlete, your coach(es), your parents, an administrator and the athletic director. Normally, athletes who quit or are removed from a team will be suspended from playing for another school team for the period of twelve months. The twelve month period will begin at the conclusion of the season for the team that the athlete quit or was removed from.

Infractions with any of these policies will be dealt with appropriately by your coach(es), and Athletic Director.

Good luck this season.

RCSS Athletic Department

Please cut below this line. Keep and post the policies at home, and return the signed form to your coach.

As the parent/guardian of _____, I have read and understand

Athlete's complete name

The ***RCSS ATHLETIC DEPARTMENT POLICIES*** letter.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF ATHLETE: _____ DATE: _____

Waterloo Catholic District School Board
Quality, Inclusive, Faith Based Education

SPORT AND RECREATION Consent

ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

SCHOOL YEAR: _____

Note:

1. This form is to be completed for a student who wishes to participate in a sport, sports team, interschool athletics, or athletic recreation activity and must be returned to the coach prior to the student's first team tryout or participation in the activity.
2. The student is ineligible to participate in the sport and recreation activity and interschool athletic tryouts, practices and competitions without first providing the teacher/coach with this completed form.
3. The content of this page is to provide parents/guardians/students with information on the activities.

PART A

_____ has indicated a desire to participate in the following:
(Student's name)

☐ Sport and athletic recreation activity (please indicate): _____

☐ Interschool team (please indicate): _____

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 and/or drowning in water-based activities/sports. 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. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school board attempts to manage, as effectively as possible, the risk involved for students while participating in school sport and recreation activities.

STUDENT ACCIDENT INSURANCE NOTICE

The Waterloo Catholic District School Board does not provide any accidental death, disability, dismemberment/ medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parent/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

SAFETY RECOMMENDATIONS

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all activities.
3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in sport and recreation activities as well as practices and interschool competitions (e.g., skis, skates, helmets).

CONCUSSIONS

If the student is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained inside or outside of school activity, the student must have completed all stages of the Return to School Plan outlined in WCDSB's Concussion Passport, Return to School Plan (Form APH027-04F).

CONSENT FOR IMAGES AND STUDENT INFORMATION

Inter-school athletic programming, e.g., school teams, WCDSB and District 8 Athletic Association may capture and use student images and information (e.g., names, scores, results) to celebrate student activity and achievement on social media. A student choosing to participate in the activity understands that images or student personal information may be used in this way.

PART B

Student name: _____ Home phone: _____

Home address: _____

Parent/Guardian name: _____

Work phone: _____ Cell phone: _____

Emergency contact name: _____ Emergency contact phone: _____

Does your child/ward/self have a plan of care and/or medical condition currently on file with the school that the coach should be aware of before the student will be allowed to participate? ☐ Yes ☐ No

ACKNOWLEDGEMENT & CONSENT

1. I have read and understand the above notices regarding:

   ☐ Elements of Risk _____ (initials of Parent/Guardian OR Student Age 18 and over)
   ☐ Accident Insurance _____ (initials of Parent/Guardian OR Student Age 18 and over)
   ☐ Concussion Awareness Resource (APH027-AX; Appendix A) – Paper copy supplied by WCDSB upon request

2. I request that my son/daughter/self, try out for or participate in the activity outlined in Part A of this form during the current school year.

3. I hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter/ward/self for personal health, medical, dental and accident insurance coverage.

4. I hereby acknowledge that I have reviewed and accept the risks associated with collection, use, and disclosure images and student information.

_____ _____
Signature of Parent/Guardian (OR Student Age 18 and Over) Date

_____ _____
Signature of Athlete (Secondary Students only) Date

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 anesthesia and drugs. I understand that any cost will be my responsibility.

_____ _____
Signature of Parent/Guardian (OR Student Age 18 and Over) Date

Waterloo Catholic District School Board

APH027-01

INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART A:

This form is to be completed on behalf of a student who wishes to participate in sport and recreation activities or interschool athletics, and must be returned to the coach prior to the student's first team tryout or participation in the sport and recreation activity. This page is to be retained for your information.

Dear Parent/Guardian,

Your son/daughter has indicated a desire to participate in the following sport and recreation activity: _____ or interschool team: _____.
The content of this page is to provide you with information on the activities.

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 and/or drowning in water based activities/sports. 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. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school board attempts to manage, as effectively as possible, the risk involved for students while participating in school sport and recreation activities.

Student Accident Insurance Notice:

The Waterloo Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parent/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all activities.
3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in sport and recreation activities as well as practices and interschool competitions (e.g., skis, skates, helmets).

Concussions:

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained inside or outside of school activity, the "Concussion Passport for WCDSB" must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Freedom of Information Notice:

The information provided on this form is collected pursuant to the schools 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 purpose related to the Board's policy on Risk Management for sport and recreation activities and interschool athletics. Any questions with respect to this information should be directed to your school principal.

Waterloo Catholic District School Board

INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART B:

Parent/Guardians are requested to complete the following form and return to the appropriate school personnel.
Note: the student is ineligible to participate in the sport and recreation activity and interschool athletic tryouts, practices and competitions without first providing teacher/coach with the completed form.

Student name: Health card # (optional):

Home address: Physician name:

Home phone #: Physician phone #:

Parent/Guardian name: Emergency contact name:

Work phone #: Emergency contact phone #:

Cell phone #:

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I have read and understand the notices of Elements of Risk. _____ (initials of Parent/Guardian)

I have read and understand the notices of Accident Insurance. _____ (initials of Parent/Guardian)

I request our son/daughter to tryout/participate in _____ sport and recreation activity during the _____ school year.

I hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter/ward for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____
(Secondary students only)

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 anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

Waterloo Catholic District School Board
Quality, Inclusive, Faith Based Education

TRANSPORTATION OF STUDENTS
Consent

ACCESSIBILITY:
To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Note:

1. Throughout the school year, a variety of activities take place at facilities off of school property. These activities include, but are not limited to: field trips, work experience programs, sporting events, courses, and other school/Board sponsored events. In most cases, students require transportation to these facilities. Transportation will be accomplished by the options listed in the Consent section below.
2. Any student, volunteer, Waterloo Catholic District School Board (WCDSB) trustee, teacher or other WCDSB employee driving on a school or WCDSB-sponsored activity or event, who has obtained school or Board Office permission, will be designated the 'Trip Driver' and is required to complete a Volunteer Drivers form (Form APO001-01F) prior to transporting students.
3. Students who drive other passengers must be at least 18 years of age with a G license. G1 and G2 licensed drivers are not permitted to drive.

GENERAL INFORMATION

Name of Student: _____ School Year: _____

Activity / Event / Sport Season: _____

CONSENT

Please indicate the mode(s) of transportation for which you provide permission for your child/ward to be transported for the identified school, WCDSB activity, or event (please check all boxes that apply).

- ☐ Drive themselves
- ☐ Ride in a private vehicle operated by a volunteer
- ☐ Ride in a private vehicle operated by a WCDSB trustee, teacher, or other employee
- ☐ Ride in a private vehicle operated by another student who is at least 18 years of age and has a G license (G1 and G2 prohibited)
- ☐ Ride in a school bus/taxi
- ☐ Ride using Grand River Transit (GRT)

I hereby give permission for my child/ward to travel to and from the identified school, WCDSB activity, or event described above using the mode(s) of transportation selected above.

_____ _____

Signature of Parent/Legal Guardian Date

Notice of Collection

Personal information on this form is collected under the authority of sections 171(1) p.28 and 190(2) of the Education Act in accordance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information on this form will be used to administer educational excursions and transportation of students for out-of-school programs. Questions about the use of the form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at privacy@wcdsb.ca, or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

To be Completed by: 1. Trip Coordinator; 2. Parent/Guardian

Description of Use: Copy: Main Office and/or Teacher/Coach (Retention: Current +1 Year)

Waterloo Catholic District School Board

NOTICE TO DISCLOSE STUDENT'S PERSONAL INFORMATION AND MEDIA EXPOSURE NOTICE

You/your child have chosen to participate on a school team. When teams play in either a tournament, District 8, Ontario Federation of School Athletic Associations (OFSAA) or Central Western Ontario Secondary Schools Association (CWOSSA) sponsored event we must prove that you/your child is eligible. In order to prove eligibility we must provide some of your/your child's personal information such as first name, middle initial, last name, date of birth, gender and the year the student entered grade 9.

This information will be entered into the Athletic Eligibility List System (AELS) database hosted by OFSAA. Only authorized school, tournament, OFSAA, and CWOSSA personnel will be able to view your/your child's information. The information will be used only for the purposes stated above.

Parents/guardians/adult students must be aware that when students participate in extra-curricular athletic activities on or off school grounds, the school coach and principal is unable to control or prevent any media exposure, photographs or recordings which may occur.

Should you have any questions or concerns with the disclosure of this information, pease contact your school principal or the teacher/supervisor of your/your child's team.

Please sign below indicating that you have read the above and are in agreement with us sharing your/your child's information.

This form must be completed and on file at the school prior to you/your child playing on any school team.

Name of Student	
Grade	
Sport	
Signature of Student (if 18 or older)	
Date Signed	
Name of Parent	
Signature of Parent/Guardian	

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act s.259 and the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to determine Athletic Eligibility.
Questions regarding the collection of this information should be directed to Principal of your school or the Privacy and Information Management Officer at the WCDSB.

Waterloo Catholic District School Board
Quality, Inclusive, Faith Based Education

CONCUSSION CODE OF CONDUCT
Student-Athlete

ACCESSIBILITY:
To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

School Year: _____

Name of Student: _____ School: _____

As a student at the above-named school, I am committed to the following Codes of Conduct:

FOR PLAY

I will:

1. Tell my coach if I think the sport equipment that I am using is unsafe or broken.
2. Wear the protective equipment for my sport and wear it properly.
3. Show respect for my teammates, opponents, officials, spectators, and I will play fair.
4. Not pressure injured teammates to participate in practices or games/competitions.
5. Learn and follow the rules of the sport and understand the consequences for dangerous play.
6. Respect and accept the decisions of the officials.
7. Follow my coach's instructions about the proper progression of skills and strategies of the sport.
8. Ask my coach questions if I don't understand a skill or strategy of the sport.

FOR CONCUSSIONS

I will:

1. Talk to my coach or caring adult if I have questions or problems about concussions or about my safety in general.
2. Remove myself immediately from any sport or physical activity and will tell the coach or caring adult if I think I might have a concussion.
3. Stop playing immediately if I think that I might have a concussion and tell my coach or caring adult.
4. Tell the coach or caring adult immediately if I think a teammate might have a concussion.
5. Communicate with my coaches, parent/guardian, school staff and any sport club with which I am registered about suspected and diagnosed concussions.
6. Tell my coaches, parent/guardian, teacher and my club coach if I have a concussion or anyone thinks I have a concussion.
7. Follow the Return to School Plan if diagnosed with a concussion.

I understand that:

1. For my own safety, I will be removed from playing if my coach or trainer feels like I may have a concussion.
2. I will be removed from playing if my coach or trainer feels like I may have a concussion.

3. Concussion symptoms may take time to show, so if I notice signs or symptoms later on, I will tell a trusted adult.
4. It may take until the next day for me to feel any concussion signs or symptoms and if I feel anything like a concussion, I will tell a trusted adult.
5. If I get a concussion, I will have a plan made for me that I will need to follow to get better.
6. Medical Clearance is required prior to returning to participation in sport or physical activity in accordance with the Return to School Plan.
7. If I get a concussion, only a doctor or nurse can tell me when I'm safely allowed to return to my sport and physical activity.

ACKNOWLEDGEMENT

I _____ have read and understand the above Code of Conduct.
(name of student)

_____ _____
Signature of Student-Athlete (handwritten or typed) Date (yyyy-mm-dd)

Notice of Collection

Information on this form is collected further to the board's authority under section 321(1), (3) of the Education Act and further to section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to administer the concussion awareness program. Questions about the use of the form should be directed to the school Principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at privacy@wcdsb.ca, or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

Completed by: Student-Athlete
Distribution: School → Student-Athlete → Main Office
Retention: Main Office (7 Years)

Waterloo Catholic District School Board
Quality, Inclusive, Faith Based Education

CONCUSSION CODE OF CONDUCT
Parent / Guardian

ACCESSIBILITY:
To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

School Year: _____

Name of Child: _____ School: _____

As a parent/guardian of the above-named child, I am committed to the following Codes of Conduct:

FOR PLAY

I will:

1. Encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
2. Ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.
3. Show respect for all students, coaches, officials, and spectators.
4. Encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
5. Not pressure my child to participate in practices or games/competitions if they are injured.
6. Encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play
7. Support the coach's enforcement of consequences during practices and competition regarding prohibited play.
8. Respect the decisions of officials and the consequences for my child for any prohibited play.
9. Encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
10. Encourage my child to ask questions and seek clarity regarding skills and strategies of which they are unsure.

FOR CONCUSSIONS

I will:

1. Encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
2. Encourage my child to talk to me, their coach or another caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.
3. Inform the appropriate school staff if no signs or symptoms emerge 48 hours after a concussive event and understand my child will be withheld from physical activities for the first 24 hours.
4. Inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.

5. Inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
6. Encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
7. Encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.
8. Share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.
9. Ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to the gradual return to participation in sport or physical activity.
10. Follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I understand that:

1. If my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, my child will be removed immediately from the sport, and:
   a. I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
   b. I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities for 24 hours and be monitored at home and at school for 48 hours.
2. If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to appropriate school staff.
3. If my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
4. Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion and provide Medical Clearance.

ACKNOWLEDGEMENT

I _____ have read and understand the above Code of Conduct.
(name of parent/guardian)

_____ _____
Signature of Parent/Guardian (handwritten or typed) Date (yyyy-mm-dd)

Notice of Collection

Information on this form is collected under the authority of section 321(1), (3) of the Education Act and further to section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to administer the concussion awareness program. Questions about the use of the form should be directed to the school Principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at privacy@wcdsb.ca, or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1

Completed by: Parent/Guardian
Distribution: School → Parent/Guardian → Main Office
Retention: Main Office (7 Years)