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