



Parent Sport Risk Consent Form

School Sports
Elementary/Secondary Interschool Athletic Participation Form

This form is to be completed on behalf of an athlete who wishes to participate in interschool sport and must be returned to the coach prior to the athlete's first team tryout.

Athlete Name: _____ Health Card # (optional): _____
 Home Address: _____ Physician Name: _____
 Home Phone #: _____ Physician Phone #: _____
 Parent/Guardian Name: _____ Emergency Contact Name: _____
 Work Phone #: _____ Emergency Contact #: _____

Note: An annual medical examination is recommendation.

Medical Information

1. Date of last complete examination: _____
2. Date of last tetanus immunization _____
3. Is your son/daughter allergic to any drugs, food or medication/other? Yes No
If yes, provide details _____
4. Does your son/daughter take any prescription drugs? Yes No
If yes, provide details _____
5. What medication(s) should the participant (son/daughter) have available during the sport activity?

6. Who should administer the medication? _____
7. Does your son/daughter wear a medical alert bracelet, neck chain, or carry a medical alert card? Yes No
8. Has your son/daughter been identified as being anaphylactic? Yes No
If yes, does he/she carry an EpiPen? Yes No
9. Does your son/daughter wear eyeglasses? Yes No Contact lenses? Yes No
10. Please indicate if your son/daughter has been subject to any of the following and provide pertinent details:
 epilepsy diabetes orthopaedic problems deafness hearing loss asthma allergies

Any history (age 5 to present) of head (including concussions) or back conditions or injuries or health

- arthritis or rheumatism chronic nosebleeds dizziness fainting headaches hernia
 swollen or hyper mobile or painful joints trick or lock knee

Please indicate any other medical condition that will limit participation _____

11. **If a concussion has been diagnosed over holiday periods and/or after school hours, during non-school related activities or during school related activities, the Request to Resume Academic (Return to Learn) and/or Physical Activities Due to Concussion Related Injuries Form (Form 6003) must be completed by a physician before the student returns to class/intramural and interschool activities.**



Parent Sport Risk Consent Form (Cont'd)

Should your son/daughter sustain an injury, concussion or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic Participation" form.

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 _____

Student Accident Insurance Notice

The Durham Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance on behalf of the athletes 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 of, 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 nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head (i.e., concussions), neck or back. 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. The following is a sampling of activities that have the potential for more serious consequences: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, gymnastics, ice hockey, ringette (ice), football, rugby, basketball, swimming and wrestling. 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 Durham 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 _____ (initials of Parent/Guardian)

I/We have read and understand the notice of Elements of Risk _____ (initials of Parents/Guardian)

I/We give permission for my son/daughter/ward to try out/participate on the _____ team during the _____ school year.

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

Signature of Parent/Guardian _____ Date _____

Freedom of Information Notice

The information provided on this form is collected pursuant to the school board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Municipal Freedom of Information and Protection of Privacy Act. Any questions with respect to this information should be directed to your school principal.

DO'C RULES OF BEHAVIOUR FOR PARTICIPANTS AT PRACTICES, COMPETITIONS, AND OTHER EVENTS

Extracurricular involvement is a privilege. A student represents both school and team/group when attending any event. This confers a responsibility upon him/her during the time at or away from school. The following principles and rules apply to all DO'C events and are in addition to the OFSAA Standing Rules (Playing Regulations) and Governing Rules of athletic contests.

1. All participants are expected to demonstrate appropriate **behaviour** at any practice, meeting, or competition.
2. The **consumption of any alcoholic beverage** by participants, whether of legal drinking age or not, at any time during practices and competitions is expressly forbidden.
3. **Drugs**, other than medication prescribed by a medical doctor for a specific competitor, are expressly forbidden.
4. All participants will deport themselves in a manner becoming responsible representatives of their school. Attention must be paid to:
 - **Respect for others:** all participants have the right to freedom from harassment (as defined by the Canadian Human Rights Commission), equal treatment without discrimination based on race, place of origin, colour, ethnic origin, creed, physical or mental ability, sexual orientation, or sex;
 - **Respect for property;**
 - **Conduct;**
 - **Language;**
 - **Dress.**
5. Student-athletes must remain fully clothed in the **appropriate team uniform** in the competition area, AND use the designated locker room or change area to change to and from competition attire.
6. Participants staying in tournament accommodation are expected to respect the right of others to undisturbed rest. Those who create disturbance in rooms or corridors after a reasonable hour will be subject to disciplinary measures. Student-athletes are expected to observe any **curfew** imposed by the coaches.
7. All athletes shall, by signature, acknowledge responsibility for making restitution for **damage resulting from misconduct.**

Procedure

Actions contrary to these Rules shall be referred to the School Disciplinary Committee which shall investigate the matter and decide on the penalty, if any, to be assessed, where further action may be taken and/or penalties imposed.

Penalty

Penalties imposed by the School Disciplinary Committee may include, but are not limited to the following: suspension from future practices, competitions, and events; requiring written letter of apology; and requiring appropriate restitution.

These Rules of Behaviour for Participants recognize and reflect the Ministry of Education's "Code of Conduct".

I, (print) _____, acknowledge that I have read and understand the above *Rules of Behaviour* and that I agree to abide by them.

Signature _____ Date _____

Parent Signature _____
Date _____



Durham Catholic District School Board

Active and Safe Pledge Form

School Team Name: _____

By signing this paper, as a team and as individuals we pledge:

- To work towards a safer and better sport.
- To be honest with myself and my teammates with regards to signs and symptoms.
- To give 100% commitment to myself, my team and my sport.
- To report any suspected incidence of brain injury or concussion.
- To follow the proper action steps in the incidence of suspected injury.
- To follow the six steps of the Return-to-Play Guidelines.
- To commit myself to True Sport, ensuring sport can have a positive impact on all.

Student/Athlete signature _____

Date _____



Player Code of Conduct Form

Respect yourself:

- I will wear the proper equipment and wear it correctly.
- I will develop my skill and body strength so that I can play the game to the best of my abilities.
- I understand that a concussion is a serious brain injury that has both short- and long-term effects.
- I understand that I don't need to lose consciousness to have had a concussion.
- I understand that any blow to the head, face, or neck, or a blow to the body which causes a sudden jarring of the heard may cause a concussion.
- I understand that if I suspect I might have a concussion, I should stop playing the sport **immediately**.
- I understand that continuing to play with a suspected concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injury.
- I will not hide my symptoms. I will tell my coach, trainer, parent, or other responsible person if I am concerned I have had a concussion and/or experience **any** signs and symptoms of concussion following a collision.
- I understand I will not be able to return to play following a collision where I experience signs and symptoms of concussion.
- I understand I will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand I will have to follow the 6-stop Return to Play guidelines when returning to activity.

Respect others:

- I will respect the rules of the game.
- I will respect my opponents and play fair.
- I will not fight or attempt to injure anyone on purpose.
- I will respect my coaches, trainers, parents and the medical professionals and any decisions made with regards to my health and safety.

School Team Name: _____

Player: _____

Parent/Caregiver: _____

Coach: _____

Date: _____