

Interschool Athletics Tryout and Participation (Elementary)

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

To Parents/Guardians:

Your son or daughter has indicated a wish to participate on the BOYS/GIRLS FOOTBALL (G4-6) team. This form is to be completed prior to the first practice and is intended to inform you about the program and to seek your support and your permission for your child to try out, and if successful, participate as a team member.

Date: Sept 16 '22 Coach/Staff Adviser: MR. KARKAVITSAS
Principal: D. TAYLOR School: Clinton Phone: 416 393 9155

It is important that your child participate safely and comfortably in the interschool athletics program. In your child's best interests, we recommend the following:

- a) Student should have an annual medical examination.
- b) Student should bring emergency medication, e.g., asthma inhalers, to interschool activities.
- c) Jewellery must be removed, if possible. Jewellery which cannot be removed and which presents a safety concern (e.g., medical alert/identification/religious requirement) must be taped.
- d) The wearing of an eyeglass strap and shatter-resistant/shatterproof lens, if your child wears glasses that cannot be removed during interschool activities.
- e) Attention to environmental concerns (e.g., protection from sun, hypothermia, dehydration, and frostbite).
- f) The use, when necessary, of a personal water bottle.
- g) In the event that the student uses personal or borrowed sports equipment, the student or parent/guardian (if the student is under the age of 18) is responsible for ensuring that the equipment is in good working order, fits properly, conforms with recognized safety standards, and has not been altered from its original condition.

A. 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. 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 of the facility where the activity is taking place. By choosing to participate in these activities, students are assuming the risk of an injury. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The TDSB attempts to manage as effectively as possible the risk involved for students while participating in school athletics.

The Toronto District School Board does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of students participating in these activities. Student accident insurance is available to provide coverage beyond that allowed by the Ontario Health Insurance Plan. Contact the school for specific information and application forms

B. Medical Information

You are urged to consult your family doctor prior to your son or daughter participating in interschool athletic activities. If your child has, or has had, any health problems that might affect his/her participation or safety, please provide details in writing below. Should your son/daughter sustain an injury or contact an illness requiring medical attention during the competitive season, please notify the coach and complete the form "**Request to Resume Athletic Participation**," if applicable (see *Physical Education Elementary Interschool Athletics Safety Documents* – Appendix C: Request to Resume Athletic Participation).¹

¹ Appendices are attached to the procedure document (PR.511 SCH: Excursions).

C. Date(s) of athletic off-school property tryouts/competition (Please attach, if preferred, schedule of off-school property tryouts/competition, times, locations.)

PRACTICES: MON/WED/FRI 8:00AM

| | | | |
|------------|-------------------|----------------------------------|-------------------|
| Date _____ | Destination _____ | Departure time from school _____ | Return time _____ |
| Date _____ | Destination _____ | Departure time from school _____ | Return time _____ |
| Date _____ | Destination _____ | Departure time from school _____ | Return time _____ |
| Date _____ | Destination _____ | Departure time from school _____ | Return time _____ |
| Date _____ | Destination _____ | Departure time from school _____ | Return time _____ |
| Date _____ | Destination _____ | Departure time from school _____ | Return time _____ |

- In exceptional circumstances, dates and times may change. Every effort will be made to communicate these changes to you ahead of time.
- The Board's *Safe Schools Policy* and this school's *Code of Conduct* apply throughout all competition. Copies are available from the school office. Parents/guardians are responsible for any applicable losses or costs should their child engage in misconduct, including a breach of the Board's *Safe Schools Policy* or the school's *Code of Conduct*. This could include costs for transportation home, or for damages resulting from misconduct.

D. Transportation, if applicable

The following transportation modes may be used for students trying out for/participating on the team.

TDSB bus Commercial vehicle Public transit Other _____
 Taxi Walk Private vehicle/adult driver * _____
 Private vehicle/student driver * _____

*If volunteer drivers and /or private vehicles will be used, *Form 511F: Principal Authorization for Volunteer Drivers* must be completed and approved by the principal prior to the excursion.

This is an important document. Please ensure that someone is able to translate and explain this document to you.

Student _____ School CLINTON
 Birth Date _____ Day _____ Month _____ Year _____ Age _____ (December 31 prior to current school year)
 Home Address _____ Postal Code _____
 Home Phone _____ Business Phone _____
 Family Doctor _____ Phone _____
 Emergency Contact Name _____ Phone _____
 Ontario Health Card Number _____

E. (To be completed by the athlete)

Behaviour Code: I am aware that it is a privilege and not a right to participate on a school team. Therefore, I fully understand that it is my responsibility to follow the athletic association's *Code for Athletes* and my school's *Code of Conduct* and to display good sportsmanship at all times while representing my school as a student athlete.

Name of Student: _____
 Signature of Student: _____ (please print) Date: _____