

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 child has indicated a wish to participate on the _____. 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: ____ Coach/Staff Adviser:

Principal: ___Mr. Loosemore___ School: ___Don Mills Middle School_____ Phone: ___416-395-2320

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*).

F. Student Audio/Video Consent

I hereby consent to my son or daughter being filmed, videotaped, audio-taped, or photographed by the media (print and/or broadcast) and by employees, agents, or servants of the Toronto District School Board during activities related to interschool sports. I also consent to my child being interviewed for the purposes of broadcast or print by the media or Toronto District School Board personnel.

Name of Parent/Guardian: _____
Please print

Signature of Parent/Guardian: _____ Date: _____

G. Consent to Try Out/Participate

Is there any change in medical information or a medical reason why your child should not participate in the activity which may lead him/her to require special attention?

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

I/we hereby give consent for my/our child, _____, to participate in the activity indicated above.

Name of Parent/Guardian: _____
Please print

Signature of Parent/Guardian: _____ Date: _____

Please detach, sign, and return to the school by _____.