

Coquitlam Secondary School Athletics

SEASONAL SPORTS/ATHLETIC EVENTS

Informed Consent

This is an important notice. Please have it translated.

For: Junior Cross Country Running

Dear Parents/Guardians:

The written, informed consent of parents is required for participation of students for all seasonal sport, athletic events and activities in Coquitlam School District No. 43. This legal requirement is the direct result of tragic occurrences on school field trips in several jurisdictions. The purpose of the Informed Consent document is to provide students and parents with information that is related specifically to one seasonal sport. The information contained herein applies to the entire season of the specific sport and/or athletic event and also extends to pre-season and post-season activities such as exhibition games, training camps, league playoffs, District/Zone playoffs, Regionals and/or Provincial finals. The parent and student consenting signatures on this document indicate acknowledgement and acceptance of the information contained herein inclusive of risks and potential consequences.

The scheduling of any seasonal sport and/or athletic event involving a multiple-day and/or out-of-province excursion is governed under the provisions of *School District Administrative Procedure 250 (Field Trips)* and parents will be informed separately and accordingly.

Within this package, you will find information relating to:

- Athletic/educational purpose(s)
- Detailed itinerary consisting of schedule, date(s), and times
- Transportation arrangements
- Description of supervisors: teachers, employees of the Board and other adult volunteers with emergency information
- Description of direct and indirect supervision
- Description of all activities, inherent risks and potential consequences
- Athletics Fees
- Assessment of student skills and abilities as pertaining to the sport/athletic activity
- Behavioral expectations of students plus safety rules and regulations
- Contingency Planning: cell phone, first-aid provision(s), Incident Report Form(s) and completed medical forms
- Notification of consent to release student information to BCSS
- Parental responsibility to arrange student accident or liability insurance
- Parental responsibility to determine whether the student may participate in the sport

ATHLETIC/EDUCATIONAL PURPOSE(S):

The objective of extra-curricular athletics is to foster a healthy appreciation of competition in the context of individual and team sports. Specifically, our program aims for the pursuit of excellence in the areas of commitment, competition, skill development, enjoyment, cooperation, and involvement by students.. Your son/daughter has chosen to represent Archbishop Carney Secondary in the following sport:

JuniorCross Country Running

By virtue of being out of the classroom, students on an athletic team learn to be ambassadors for their school, their community and even their country. They learn the realities of travel, the responsibilities and independence of self-governance, the communication skills and leadership skills necessary for teamwork, and the social skills necessary for a variety of circumstances.

ITINERARY:

If the full season schedule is not available, it will be provided before the start of league play

TRANSPORTATION:

Parent(s)/guardian(s) will arrange for transportation that best meets the needs of the sport/athletic event in question. Students are instructed to use the safest mode of transport available with the acknowledgment and approval of their parent(s)/guardian(s). The nature of each athletic event may determine the mode of transportation utilized.

- Students and parents may be responsible for making their own transportation arrangements to practices and/or competitions
- Methods of transportation may include walking, bike riding, private and/or public transportation etc.
- When traveling to and from athletic events, all parties are expected to observe the provisions of the Motor Vehicle Act and all related laws and by-laws
- Parent(s)/guardian(s) should be aware that their son/daughter may be transported by a volunteer driver

Volunteer drivers are expected to comply with the provisions of School District Administrative Procedure 250 (Field Trips) by completing the *Driver Certification of Insurance Form and the Travel Consent Form* available from the school.

SUPERVISION:

The level of supervision is divided into direct and indirect. **Direct supervision** is the time students spend with a coach, sponsor(s) and/or chaperone(s), which is directly related to the event. **Indirect supervision** is the time students may spend as “unstructured time” outside of activities that are directly supervised. Under indirect supervision, the students may not necessarily be in the company of a coach, sponsor or chaperone. It is expected that students, while under indirect supervision, will act with common sense in accordance with school and school district behavior expectations. Coaches, sponsors and chaperones will determine the parameters of “unstructured time” and clearly articulate them to students. Students, when under indirect supervision, will be informed of how to reach a coach, sponsor or chaperone in the case of an emergency.

COACHES, SPONSORS(S) AND CHAPERONE(S):

Emergency Contacts:

<u>Name</u>	<u>Gender</u>	<u>Position</u>	<u>Phone Number(s)</u>	<u>e-mail address</u>
<i>Mike Jaskiewicz</i>	<i>M</i>	<i>Head Coach</i>		<i>jaskiewicz@acrss.org</i>

NOTE: BC School Sports, the Coquitlam Secondary School Athletic Association and the Coquitlam School Board do not require an employee of the Board to be present at games and/or practices.

RISKS AND CONSEQUENCES:

There is a degree of risk in all daily activities. The risk is increased to varying degrees when students are away from the safety and supervision of the school setting. It is impossible to itemize every possible element of risk associated with an athletic event. Generally speaking, this event may include, but not be limited to the following inherent risks, and all risks associated with:

- Travel to and from the event venue
- Active participation in the sport and/or athletic event
- Spectators

Cross Country Running is a sport with a level of inherent risk and potential consequences, which may include, but is not limited to: bodily injury ranging from incidental to potentially fatal.

In addition, participation in sports and/or athletic events involves travel to and from the home school. Risks associated with travel, may include but are not limited to: mode of transportation, environmental conditions, distance, traffic conditions, etc.

Students have been briefed on the risks involved in playing **Cross Country Running** and on the appropriate precautions to be taken. Students have been made aware of the expectations, risks, safety precautions and responsibilities associated with **Cross Country Running** before being permitted to participate.

Coaches, sponsors, chaperones, and students will do all they can to ensure a safe, common sense, and controlled experience to reduce inherent risk

ATHLETIC FEES:

Archbishop Carney Secondary Athletic Program has a small fee to be paid by each athlete. This fee pays for the athletic banquet, major officials, uniform and equipment replacement, league, tournament and association fees, transportation costs and TOC costs. Some sports have an extra fee to cover higher expenses associated with that sport.

Athletics fees are as follows:

First Sport:	\$50
Any additional sports:	\$0
Sports Fees – see permission form for fees	

Costs not covered by the athletic fee are: out of town tournaments costs, some provincial championships costs, and clothing that the athletes keep.

ASSESSMENT OF STUDENT SKILLS AND ABILITIES:

Before students may participate in any planned athletic event, the student must develop the coach(es), sponsor(s) and chaperone(s) that he/she has the necessary common sense, required skills, and physical ability to participate in the athletic event.

BEHAVIORAL EXPECTATIONS, SAFETY RULES AND REGULATIONS:

While participating in high school sports and/or athletic events, it is important that students are aware that behavioral expectations are governed under the B.C. School Sports Code of Conduct, the School Code of Conduct and the Policy 17 (District Code of Conduct). Furthermore, students represent their school and District at all times when traveling and participating in school sports and/or athletic events and as such they are accountable for their behavior.

The overarching principle of all school related activities is to ensure the safety of the individual and group at all times. Students must always be concerned about their own safety and the safety of others at all times.

- All school rules and the student Code of Conduct are in effect.
- Participants must stay in the area where the sport or activity is scheduled.
- All participants must follow the Codes of Conduct as referenced above.
- Students are under the supervision, authority and direction of the volunteer adult(s) approved by the Principal or designate.

CONTINGENCY PLANNING:

At least one supervising adult will have access to a cell phone.

Coaches will have or have access to a basic needs first aid kit, completed medical forms for all team members, and a School District Incident Report Form. In addition, supervising school personnel are required to report and document any serious injury on the Incident Report Form.

CONSENT TO RELEASE INFORMATION TO BCSS

Under the Freedom of Information and Privacy Act, consent must be given to release a person's full name, gender, birth date, grade level and year first entered grade eight. It is agreed that this information may be used by BC School Sports, its agents and affiliated athletic organizations in connection with the student's participation in athletic activities, and with the general administration and promotion of the athletic programs including the leagues, tournaments, games, clinics and camps, which BC School Sports, its agents and its affiliated athletic organizations administer and promote.

TRAVEL/MEDICAL/ACCIDENT INSURANCE:

Unless notified otherwise, the sport and/or athletic event in which your child is participating has not arranged group insurance for Travel and/or Accident Insurance. Parents are responsible for the provision of individual student Accident Insurance for their child if desired.

Note: Public schools do not carry accidental insurance policies for student athletes.

It is strongly recommended that if your child is participating in school and/or community athletics, parents should obtain individual student Accident Insurance.

MEDICAL/EMERGENCY CONTACT INFORMATION:

Parents are required to fill in the separate *Medical/Emergency Contact Information Form*. The information provided on the *Medical/Emergency Contact Information Form* is critical for guiding appropriate medical responses as needed.

PARENT AND STUDENT RESPONSIBILITY:

Parents have the responsibility to determine whether the student may participate on the *Junior Cross Country Running Team* as demonstrated by the completion and signing of an Informed Consent Form.

Parents have the responsibility to arrange extra accident or liability insurance.

Sincerely,

PRINT NAME OF TEACHER COACH/SPONSOR

SIGNATURE OF TEACHER COACH/SPONSOR

Return this Informed Consent Approval to School

**ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL ATHLETICS
SEASONAL SPORTS/ATHLETIC EVENTS**

INFORMED CONSENT APPROVAL

For Junior Cross Country Running

PARENTAL PERMISSION

A student **must** have parental or guardian, written and signed, permission in order to participate in any seasonal sport and/or athletic event. Without this signed consent, students will not be able to participate in secondary school sports in Coquitlam School District No. 43.

PARENTAL CONSENT

I, _____, parent or guardian of _____ have read the Informed Consent document that pertains to my son/daughter's participation in this sport and/or athletic event. I am aware of the inherent risks and potential consequences that may occur as a result of participating in this sport and/or athletic event. My signature here indicates that my child has my informed consent to participate in the stated seasonal sport and/or athletic event.

Signed _____

Dated _____

ARCHBISHOP CARNEY ATHLETICS PROGRAM

Athletic Fees:

One Time Athletic Fee: \$ 50.00 (Each family will receive an invoice for their child's athletic fees)

Archbishop Carney Regional Secondary School
Registration and Medical Form

Name of Student: _____ Grade: _____ M/F: _____

Care Card Personal Health No. _____ Birth Date (DDMMYY): _____

Family Doctor: _____ Phone: _____

Name of Parent/Guardian: _____ E-Mail: _____

Address: _____ Postal Code: _____

Phone (H) _____ (W) _____ (Cell) _____

Please note any health problems, physical handicap, emotional difficulty, behaviour problem, or other factors that may limit participation in this program.

Has the student had a previous injury that would require special first aid treatment should another injury occur?

The student has received the regular immunization program administered in BC for diphtheria, Pertussis & Tetanus (DPT); Tetanus and Diphtheria (TD); polio; measles, mumps and rubella (MMR)

Yes No (circle). If no, please explain _____

Contact Lenses: Yes No (circle)

Child is subject to:

- | | | | | |
|--|---------------------------------------|---|--|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> ear ache | <input type="checkbox"/> fainting | <input type="checkbox"/> tonsillitis | <input type="checkbox"/> eye infection |
| <input type="checkbox"/> sensitive skin | <input type="checkbox"/> seizures | <input type="checkbox"/> sinus problems | <input type="checkbox"/> nose bleeds | <input type="checkbox"/> bronchitis |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> headaches | <input type="checkbox"/> bed wetting | <input type="checkbox"/> kidney problems | |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> sprains | <input type="checkbox"/> dislocations | <input type="checkbox"/> motion sickness | |
| <input type="checkbox"/> frequent colds | <input type="checkbox"/> muscle pulls | <input type="checkbox"/> sleep walking | <input type="checkbox"/> severe allergies (describe below) | |
| <input type="checkbox"/> other (describe) | | | | |

Alternate Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

I certify that to the best of my knowledge, the information supplied on this form provides a full and accurate account of the required medical information about the above named student. I certify that the state of health of the above named student is such that he/she can undertake the activities included in the "Informed Consent" document for this activity within any restrictions supplied on this form. I will empower the chaperones to authorize any emergency treatment required to the above named student until such time as contact has been made with his/her parents or guardians.

Parent/Guardian Signature _____ Date: _____