

Interschool Athletics Tryout and Participation (Secondary)

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 _____. 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 Supervisor: _____

Principal: _____ School: EARL HAIG SS Phone: 416-395-3210

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 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 student 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 contract an illness requiring medical attention during the competitive season, please notify the coach and complete the "Request to Resume Athletic Participation Form," if applicable.

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, we will be notified as soon as possible.

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

Date TBD Destination _____ Departure time from school _____ Return time _____
 Date _____ Destination _____ Departure time from school _____ Return time _____
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 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 you must be able to travel independently** _____
 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** _____

Birth Date: _____ **Age** _____ (December 31 prior to current school year)
 Day Month Year

Home Address _____ **Postal Code** _____

Home Phone _____ **Business** _____

Family Doctor _____ **Phone** _____

Emergency Contact Name _____ **Phone** _____

Ontario Health Card Number _____

E. Transportation – TTC and Student Driver

I/we hereby give consent for my/our child to be transported to a practice/game/tournament by another student who has permission from their parent(s)/guardian(s) and the school to drive a personal vehicle.

Name of Parent/Guardian: _____ Signature: _____

I/we hereby give consent for my/our child to travel without adult supervision **to and from** a practice/game/tournament on the TTC.

Name of Parent/Guardian: _____ Signature: _____

F. (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.

Eligibility Requirements: I am aware of the following eligibility requirements:

- a) I must be the age indicated on this form.
- b) I must meet all TDSSAA eligibility requirements.
- c) I must not be ejected from a game or competition, and if I am, I cannot attend a practice or play in a game until I have appeared before a TDSSAA conduct review board.

Note: Should I be in violation of any of the above and play in a game, that game may be forfeited.

TDSSAA Transfer Eligibility Requirements:

(Does not apply to students in their first year of Grade 9)

Have you transferred to this school in the past 12 months? Yes No

If yes, have you submitted a TDSSAA Transfer Eligibility Application form? Yes No

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

G. 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. Date: _____

Name (printed) of Parent/Guardian: _____ Signature: _____

H. 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: _____
(or student, if 18 years old or older)

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