

Toronto District School Board

Interschool Athletics Participation (Elementary) Parent/Guardian Permission

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 been selected as a member of the _____ team.

The purpose of this form is to inform you about the program and to seek your support and permission for your child to participate as a team member.

Date: _____ Coach/Staff Supervisor: _____

Administrator: _____ School: _____ School Phone: _____

A. Elements of Risk

Co-curricular/athletic programs may present various elements of risk. Incidents related to such activities may occur and cause injury, through no fault of the School Board, or the facility at which the activity or event is being held. Participants must assume these risks. 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 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 or her participation or safety, please give details in writing below. Should your son or daughter sustain an injury or contract an illness requiring medical attention during the competitive season, 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 judgement in obtaining the best of such service for our child/ward. We understand that any cost will be our responsibility. We also understand that in the event of illness or accident, we will be notified as soon as possible.

Please inform the school of any changes to the medical and emergency information for your child.

C. Date(s) of athletic competition (Please attach, if preferred, schedule of games, times, locations)

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 _____

D. Transportation

A variety of methods of transportation may be used when students are participating in games at other schools.

TDSB bus Commercial vehicle Public transit Other _____
Taxi Walk Private vehicle/volunteer 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.

Note to Parents:

- 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 TDSB's Safe Schools Policy or the school's Code of Conduct. This could include costs for transportation home, or for damages resulting from misconduct.

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

Please detach here

Student: _____ **School:** _____

Birth Date: _____ **Age:** _____ (August 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: _____

Part 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.

Date: _____ **Name:** _____ **Signature:** _____
(please print)

Part F - (To be completed by the parent/guardian)

Are there any medical reasons why your child should not participate in the activity, or which may lead him or her to require special attention during the activity?

Please inform the school of any changes to the medical and emergency information for your child.

Part G - Student Audio/Video Consent

I hereby consent to my son or daughter being filmed, videotaped, audiotaped 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. Please note that if you do not wish your child to be recorded or interviewed, every attempt will be made to respect your wishes; however, in a public situation, the Board cannot assume responsibility for ensuring that no recording can occur under any circumstances.

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

Part H - Consent to Participate

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

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

Signature of Parent/Guardian _____

Part I - Waiver for Higher-Risk Sports, All Water-based Activities, Overnight Excursions and Life-Threatening Medical Conditions (see Appendix C of the operational procedure for excursions or page 4, Physical Education Elementary Interschool Athletics Safety Document).

I/we hereby release and discharge the Toronto District School Board and its Trustees, employees and agents from any claims, causes of action, demands for damages, indemnity or costs arising from the student's participation in the above-noted excursion and related activities. I/we confirm that I/we have read and understood the Parent/Guardian Permission for Excursion Form in its entirety.

Signature of Parent or Guardian: _____

Please sign and return to the school by _____