

PARTICIPATION ON A SCHOOL ATHLETIC TEAM CONSENT FORM
ATHLETIC SEASON: _____

Child's Name: _____ **Grade:** _____ **Student #:** _____
(Secondary Students Only)

Athletic Team: _____

Athletic Season: Fall Winter Spring

Parent's/Guardian's Consent and Acknowledgement of Risk

My signature at the bottom of this form indicates my consent and acknowledgement of risk as well as my permission for my child to participate on this school athletic team.

- I accept responsibility for my child in Grades 8 and 9 to make transportation arrangements to away games and home at the end of away games and competitions. This may include transportation by volunteer drivers (including "N" status drivers), transportation by foot, or public transportation. All transportation arrangements will be checked by team coach or sponsor.
- I accept responsibility for my child in Grades 10-12 to make transportation arrangement to/from games and competitions. I will take responsibility to communicate and confirm with my child this method of transportation to/from games and competitions. This may include transportation by volunteer drivers (including "N" status drivers), transportation by foot or public transportation.
- I accept the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child may be involved in an accident and may suffer personal and potentially serious injury arising from my child's participation on this athletic team.
- My child will abide by the District Code of Conduct (www.sd38.bc.ca/parents) as a member of this athletic team. This includes expectations, directions and instructions from the staff, administrators, and coaches. In the event my child fails to abide by these expectations, disciplinary action may include my child being excluded from further participation or that I be contacted to pick up my child (unless I have specified other transport arrangements); I will be responsible for any costs associated to send my child home.
- I acknowledge that it is my responsibility to inform the Athletic Director, Coach and Teacher Sponsor of any medical/health concerns that may affect my child's participation.
- I am aware that the School District provides optional student accident insurance coverage through the Kids Plus™ Accident Insurance program kidsplus.ca where parents will be able to purchase coverage, access claims forms and obtain full plan information online.
- I consent that the Board, through its employees, agents and officers, may secure such emergency medical services and advice as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services and advice.

Student Commitment to Safety, District Code of Conduct, Acknowledgement of Risk

- My signature at the bottom of this form indicates that I will commit to behaving safely and abide by the District Code of Conduct while I am on this school athletic team.
- I will participate on all athletic teams to the best of my abilities.
- I will behave safely and will wear appropriate clothing and use appropriate equipment while I am a member of this athletic team.
- I have been briefed by my Coach and/or Sponsor Teacher on the elements of risk and dangers involved and the precautions that are to be taken.
- I agree to the expectations set out by the Coach and/or Sponsor Teacher and supervisors and will abide by the District Code of Conduct and School rules as a member of the school's athletic team.
- I will report any safety, medical or health issue or injury to the Athletic Director, Coach, and Sponsor Teacher.

Richmond Secondary Schools' Athletic Association – Player Participation

I have read and understand that activities of this type expose the students participating to elements of risk and I have read and understand the above Discipline Rules and Regulations of the RSSAA, V&DIHSAA, and BCSS.

Athletic Department Policies

I have read, understand, and agree to the expectations set out in the following _____ documents: a) Richmond Secondary Schools' Athletic Association – Player Participation Consent For, b) BC School Sports Form: Student-Athlete Code of Conduct and Spectator's Code of Conduct, c) Philosophy and Policies, d) Athletic Fees, e) Uniform Care, f) Concussion Awareness, Response, and Management Protocol, g) Passenger List Form

Please Note: It is not necessary to return this form if you have consented online.

_____ Student's Name <i>(please print)</i>	_____ Student Signature	_____ Date <i>(year/month/day)</i>
_____ Parent's/Guardian's Name <i>(please print)</i>	_____ Signature	_____ Date <i>(year/month/day)</i>
	_____ Cell #	_____ Email
_____ Emergency Contact <i>(please print)</i>	_____ Cell #	_____ Relationship to child
Medical/physical conditions that may affect my child's participation on the field trip (allergies, recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) include (be specific): 		