



### OCDSB 907: Extra-Curricular Sport and Travel Consent Form

#### CONSENT FOR EXTRA-CURRICULAR SPORT

Your child has expressed interest in joining INT Girls/Boys Football

It runs from Sep. 9<sup>th</sup> to Nov 1<sup>st</sup> and the expected practice schedule, including league games, tournaments and other related activities is described below:

- Tryouts to take place during school hours
- After school practices on Tuesday/Thursdays (3:45-4:45pm)
- Regional Tournament (Date/Location TBD)
- Board finals if teams qualify (Date/Location TBD)

Team authorities are expected to exercise reasonable precautions to avoid injury. The Ontario Physical Education Safety Guidelines designate:

Touch Football

As a  HIGHER/  LOWER risk activity. (please select one)

Names of Coaches/Supervisors

Mark Mitchell

#### CONSENT FOR ATHLETIC DAY TRIP TRAVEL

Travel for team related events, or athletic day trips, may occur throughout the season. Travel dates, locations, and method of transportation, which may include volunteer drivers, are described below. Parents will be notified about any changes to this schedule as soon as they are made available by the appropriate coach and/or supervisor.

- Parents are responsible for pick up after practices (4:45-5:00pm)
- Parents responsible for drop off/pick up from tournament. A letter with more details will be sent out once regional information is available

Date: Sep 5 '19 Signature of Principal:

PLEASE RETURN BY:

Sep. 13<sup>th</sup> 2019

**STUDENT/ATHLETE HEALTH INFORMATION SHEET**

*Please complete the following health information form so that the coaching staff is aware of any medical issues that might affect your child's play.*

|   |                         |            |
|---|-------------------------|------------|
| Player's Name:                                    |                         |            |
| Date of birth                                     | <i>(Day/Month/Year)</i> |            |
| Home Telephone No.                                |                         |            |
| Provincial Health Number (optional):              |                         |            |
| Parent/Guardian Name and cell phone number:       |                         |            |
| Parent/Guardian Name:                             |                         |            |
| Emergency Contact: (if parents are not available) | Name:                   | Telephone: |

*Please circle the appropriate response below pertaining to your child and provide additional details below.*

|     |    |   |     |    |  |
|-----|----|---|-----|----|--|
| Yes | No | Previous history of concussions (Please provide details)  | Yes | No | Hearing problem  |
| Yes | No | Fainting episodes during exercise   | Yes | No | Heart Condition  |
| Yes | No | Asthma  | Yes | No | Diabetic   |
| Yes | No | Trouble breathing during exercise   | Yes | No | Has had an illness lasting more than a week in the past year                           |
| Yes | No | Epileptic   | Yes | No | Medication (please provide details)  |
| Yes | No | Wears glasses   | Yes | No | Allergies (please provide details)   |
| Yes | No | Are lenses shatterproof?  | Yes | No | Wears a medic alert bracelet or necklace (please provide details)                      |
| Yes | No | Wears contact lenses  | Yes | No | Injuries/illness requiring medical attention in the past year (please provide details) |
| Yes | No | Wears dental appliance (details )   | Yes | No | Presently injured ( please provide details)  |
| Yes | No | Does your child have any other health problem that would interfere with his/her participation in athletic activities? |     |    |  |

*Please give details below if you answered "Yes" to any of the above items.*

Medications:

Allergies:

Medical Conditions:

Recent Injuries:

Any information not covered above:

Should your son/daughter sustain an injury, concussion or contract an illness requiring medical attention during the competitive season, please notify the coach/teacher/supervisor

**Parent and Student Consent**

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event that no one can be contacted; team management will take my child to the hospital if deemed necessary.

I hereby authorize the physician and nursing staff to undertake the examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (physician) as deemed necessary.

I understand that participation on a school team is a privilege and, as such, students are expected to obey school rules, follow the National Capital Secondary School Athletic Association (NCSSAA) or Ottawa-Carleton Elementary Athletic Association (OCEAA) Code of Conduct for Athletes, and fulfill their commitment to their team until the season is over. Failure to do so may result in suspension from school athletics for the following season.

I have received and read the background information supplied with this request. Permission is given to the Ottawa-Carleton District School Board for the following student to participate in the activity described above. If the activity supervisor deems the student's behaviour so disruptive and/or inappropriate as to warrant cancellation of his/her activity privileges, I agree that he/she will be returned home at my/our (i.e., parents'/guardians') expense.

I give my consent for my child to participate in the designated sporting activity.

Date:  Signature of Parent or Guardian:

I give my consent for my child to travel as part of the designated sporting activity.

Date:  Signature of Parent or Guardian:

