

SYDENHAM HIGH SCHOOL

Parent/Guardian Informed Consent Form

This form is required for all students who wish to participate in a KASSAA activity. This form will be retained by the teacher/coach for the remainder of that season.

Mission Statement

The pursuit of a sound education is the primary goal of all students. Sport provides students with an opportunity to further their education by striving for excellence both individually and cooperatively while promoting the ideals of "fair play." Athletics is a privilege for students at Sydenham High School and participants should accept the responsibility that goes along with play sports.

1. The Responsibility of the Student-Athlete

All athletic activities have certain inherent risks, some activities more than others. Students who participate in such activities must accept that there is the possibility of injury as a result of their participation. Each student-athlete should attempt to offset the risks of the activity by:

- Physical Readiness: physical preparation through regular exercises
- 1.2. Equipment Readiness: ensure that any personal equipment used in activity is appropriate and functioning properly. Notify the coaching staff of any problems with equipment issued by the school, and see that this is returned promptly and in good shape.
- 1.3. Technical Readiness: learn and practice the skills and techniques of the activity and always use a proper warm-up before any physical
- Safety Awareness: always attempt to participate with safety in mind as much as possible given the dynamic nature of the activity.
- 1.5. Insurance Coverage: ensure that adequate insurance coverage has been obtained (either board or third party)

_				-			
2.	Α	cki	no	w e	dσei	men	ıŧ

We have read and understand these responsibilities a	and have attempted to see that they have all been fulfilled.	
Signature of Student Date	Date	
Signature of Parent/Guardian (Unnecessary if student is 18 years of age or over) Date		
3. Permission3.1. If the student is under 18 years of age, complete	e this section:	
I,, give my son/daughter (pri		
permission to participate in the KASSAA (name of activ	rity)program. ne to be used for promotional purposes by way of newspaper or school web site. If	
☐ <u>I do not</u> give permission for my son or daughter's picture site. If you are over 18 and DO NOT give permission for your pic	and name to be used for promotional purposes by way of newspaper or school web cture to be used for the above reasons check this box.	
3.2. If the student is 18 years of age or over, complete the I agree to participate in the KASSAA (name of activity)		
Date of Birth//	Health Card #	
Address: Town:	Postal Code:	
Family Doctor: Phone:	Parent/Guardian Name:	
Parent/Guardian Name:	Parent/Guardian Name:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Cell:	Cell:	
Emergency Contact & Phone (If different from above):	Emergency Contact & Phone (If different from above):	



	& Insurance Information rents and students are responsible for informing	teacher supervisors of any severe allergies or other medical
con	nditions, and for providing medication and writt	en instructions for emergency procedures in connection with or medical condition below. Attach another page if
	ressary: ption of conditions:	
I/We understar sponsored athle athletics and in I understand t arranged for a Insurance Plan sponsored spor	etics are required to provide proof of student accident insurant the interests of parents and children, the Board has adopte that the Board is not requiring parents to purchase the very reasonably priced insurance plan to be made available is competitively priced and would cover my child 24 hours to on weekends. I understand that the Board receives no content in the state of the	new practice whereby all parents whose children participate in school rance coverage for their children. Given the inherent risks associated with ed such a practice. *Board's sponsored student accident insurance plan. The Board has e to parents through the Reliable Life Insurance Company. The Basic rs per day on official school days and when participating in school compensation whatsoever from the Reliable Life Insurance Company for obtain student accident insurance coverage from any insurance carrier of
Check one of t		
	e wish to confirm that we have purchased the Board sp rance Company and we have attached suitable proof tl	onsored student accident insurance plan through the Reliable Life hereof.
obta insu	ined student accident insurance through another insur	ard sponsored student accident insurance plan. Alternatively, we have ance carrier. I/We further confirm that we have verified with our ent and future dental work required as a result of any accident occurring
Signo	ed this, 20	
G' C.D.		
Signature of Pa		ile
a. b. c. d. e.	to participate in sports, student/athletes MUST adhere to the Be a full time student (taking 3 courses in each semester). Have regular attendance in all classes (legitimate absence: If a student athlete has more than 5 absences in a sport season here. If an athlete had an unexcused absence on a game day he/	s include illness, field trips, etc.) /she may be reviewed at the discretion of a teacher, coach or administrator. she will be ineligible to play. tess, work, completing school work he/she is ineligible to play
-each -Alw -If yo	commend each athlete adhere to the following rules/proce in student/athlete bring his/her own water bottle which they ways wash hands before and after practice ou are ill or experience flu like symptoms please stay at house communicate illnesses with your coach and keep them	label for all practices and games. ome from practices and games
designated by t dismissed at th unless otherwis	e permission for to be transportation the school. Please note: SHS will provide transportation to e end of an athletic event. Students and parent/guardians	orted to a school sponsored activity by bus or a registered volunteer driver to athletic events unless otherwise noted by the coach. Students are are to find their own transportation home from an SHS athletic event asportation home from an event they should inform the coach in advance
Signature of Pa	urent/Guardian	
2. The 3. The 4. The 5. Wh 6. The inc. vio 7. The	e athlete should strive to understand that winning is desiral athlete should exhibit the qualities of good SPORTSMA athlete should show RESPECT for all participants, fellow athlete should strive to gain a good knowledge and under the visiting another school, athletes should behave appropriate consumption and/or use of any DRUGS or ALCOHOL to consistent with the goals of education and school sport and lation of the school and board policy and will be dealt with	w competitors, officials coaches, spectators and facilities. restanding of the RULES of the game. riately and show respect for the students, staff and building. by competitors at any time during an athletic event or championship is is expressly forbidden. The use or abuse of drugs or alcohol is a th following the regulations as stated in the student code of conduct. The game fairly and cleanly consequently eliminating fighting and
I,		ee to adhere to the athletic code of conduct at Sydenham
•	l. I further understand that failure to uphold this missal from the team.	s code of conduct may result in loss of game time, and
Signature of	Student	Date April 2018