

**INTERSCHOOL ATHLETICS  
ACKNOWLEDGEMENT OF RISKS AND CONSENT TO PARTICIPATE FORM**

Name of School: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Grade/Class/Course: \_\_\_\_\_  
 Staff Supervisor: \_\_\_\_\_

**REQUIRED INITIALS/SIGNATURES FOR PARTICIPATION**

**ACKNOWLEDGEMENT OF RISKS**

I hereby acknowledge and accept the risks, including the possible transmission of the Covid 19 Virus, inherent in the requested activity \_\_\_\_\_ and assume responsibility for my child/ward's personal health, medical, dental and accident insurance.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONCUSSION INFORMATION**

I hereby discussed the identification (signs and symptoms) and management of concussion with my child/ward based on the HCDSB Concussion protocol and the appropriate Concussion Awareness Resource (CAR).

Initials of parent/guardian \_\_\_\_\_

**STUDENT ACCIDENT INSURANCE NOTICE**

I have read and understand the Student Accident Insurance Notice.

Initials of parent/guardian \_\_\_\_\_

**CODE OF CONDUCT**

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 the responsibility of the student to follow the HCDSB Code for Athletes and the school's Code of Conduct and to display good sportsmanship at all times while representing the school as a student athlete.

Signature of Student: (all participants) \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO PARTICIPATE**

I give consent for my child/ward to tryout/participate in the following interschool athletic activity:

\_\_\_\_\_ During the \_\_\_\_\_ School year.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

(if over 18)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**BEHAVIOUR AGREEMENT**

I am aware of my legal responsibilities set out in the Parental Responsibility Act. Subject to the Parental Responsibility Act, I agree to pay any damages that may be occasioned through the misconduct or carelessness of my child/ward to the person or property of any other party or parties.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT- MEDICAL INFORMATION

This form must be readily accessible to staff supervisors at all practices and competitions.

STUDENT NAME: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMERGENCY CONTACT: List order to call 1-2-3

Parent/Guardian Name: _____	Contact Number(s): _____
Parent/Guardian Name: _____	Contact Number(s): _____
Emergency Contact Name: _____	Contact Number(s): _____

CURRENT MEDICAL INFORMATION:

If your child/ward wears or carries a medic alert bracelet, neck chain or card (please circle) :  
 Please specify what is written on it: \_\_\_\_\_  
 First aid procedures in case of incident: \_\_\_\_\_

If your child/ward has a medical condition (e.g. anaphylaxis, asthma, concussion, type 1 diabetes, type 2 diabetes, epilepsy, heart condition, other), please specify:  
 \_\_\_\_\_

Provide First Aid procedures in case of incident or contact staff supervisor with more detailed management information:  
 What \_\_\_\_\_

medication(s) (prescription and non-prescription) should your child/ward have with them?  
 \_\_\_\_\_

When should the medication be taken? \_\_\_\_\_  
 Who should administer the medication? \_\_\_\_\_

Specify any other physical limitations your child/ward has that may affect their full participation with activities. Provide pertinent details or contact staff supervisor:  
 \_\_\_\_\_

**MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE)**  
 Every reasonable effort will be made by the school/hospital to contact the parent/guardian before any medical services are provided. In cases where contact is tried, but not made, I give consent to medical services.  
 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This information is collected under the authority of the *Education Act s. 321, s.265 (1)(d), Sabrina's Law and Ryan's Law*, in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.

## Concussion Code of Conduct for Interschool Sports (Parent/Guardian)

### Acknowledgement:

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ have read and  
understand the HCDSB/HCAA Concussion Code of Conduct for Interschool Sports (Parent/Guardian).  
Print Name Student's name

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

This information is collected under the authority of the *Education Act* s. 265 and managed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to manage the Concussion protocol. If you have questions regarding the collection, use or disclosure of this information, please speak to the Manager of Privacy and Records Information Management at 905-632-6300 ext. 233.

**Office use only:**

Date issued: \_\_\_\_\_

Date received: \_\_\_\_\_

Initial: \_\_\_\_\_

Filed in: \_\_\_\_\_

## Concussion Code of Conduct for Interschool Sports (Students)

### Acknowledgement:

I, \_\_\_\_\_, have read and understand the HCDSB/HCAA Concussion  
Code of Conduct for Interschool Sports (Students).  
Print Name

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

This information is collected under the authority of the *Education Act* s. 265 and managed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to manage the Concussion protocol. If you have questions regarding the collection, use or disclosure of this information, please speak to the Manager of Privacy and Records Information Management at 905-632-6300 ext. 233.

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Date issued: \_\_\_\_\_

Date received: \_\_\_\_\_

Initial: \_\_\_\_\_

Filed in: \_\_\_\_\_