STUDENT ATHLETE INFORMATION & PERMISSION The Hamilton-Wentworth District school Board ("HWDSB") requires that every student participating in an interscholastic athletic activity ensure this form is completed and returned to the school prior to such participation (including tryouts and practices). ALL information requested must be provided. If you are unsure about any of the information requested or if you require further details regarding any aspect of this package, please contact the school directly. PART A – INFORMED CONSENT REGARDING ATHLETICS PARTICIPATION IF THE STUDENT IS UNDER THE AGE OF 18, THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN. The completed form must be returned to the school by:_____ DATE TO RETURN FORM Full Name School Name Student's Name: School: Activity / Sport: Activity Initials Activity Initials Activity Activity Initials Initials Parent/Guardian [or the student if 18 or older] must initial beside each approved activity above. **Risk Of Injury:** (a) I/We understand that : Participation in athletic activities involves an inherent risk of injury, including possible serious injury; injury may result from the student athlete's own actions and/or the actions or inactions of others; injury may occur without fault or negligence on the part of any student, HWDSB employee or other person. The risks and possible injuries include but are not limited to the following: - fractures, sprains, strains; - trips, falls; - lacerations; - head injury (including concussion*), neck injury, spinal injury; - exposure to adverse weather conditions; - injury during vehicular travel. The HWDSB's Concussion Directive and its Protocol on concussions for elementary and secondary students can be obtained from the student's school or may be found online at: Elementary: http://www.hwdsb.on.ca/elementary/supports/prevention/ Secondary: http://www.hwdsb.on.ca/secondary/supports/prevention/ It is essential for the student's safety that any injury that results in the student experiencing signs or symptoms of concussion be promptly reported to the coach or the school. This is to support the student through the concussion protocol. The risk of injury may be reduced by the student abiding by: applicable rules; carefully following instructions and maintaining a level of fitness suitable for the activity. The HWDSB does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students. If you wish to obtain insurance, you may purchase coverage through Insure My Kids at 1-800-463-KIDS (5437) or

Medical Treatment (b)

online at <u>www.insuremykids.com</u>.

I/We authorize medical treatment in the event of a medical emergency and understand that the contact information we provide will be used to reach us as soon as reasonably possible.

(c) Code of Conduct

I/We understand that :

- All sports activities are subject to rules and regulations regarding behavioural expectations for participants; these include the Hamilton-Wentworth Interscholastic Athletic Council's (HWIAC) *Expected Standards of Behaviour*. A violation by a student of such rules, regulations or standards may result in action against the student that may include, if appropriate, suspension from a subsequent game or games or even prohibition from further participation;
- The School's Code of Conduct and the HWDSB's Code of Conduct apply to students participating in sports activities;
- Neither the HWDSB nor the School shall be responsible for fees or costs incurred by the parent/guardian or student in relation to participation in sports activities (including transportation costs) or for the failure or refusal of a third party to provide refunds in the event of cancellation or withdrawal.

(d) <u>Publication</u>

I/We acknowledge that **event results** containing player names and **photographs** may be **<u>published</u>** on HWDSB web sites or in local media.

| PARTICIPATION OF | IN THE ACTIVITY/ ACTIVI | M I/WE HAVE READ PART-A ABOVE AND AUTHORIZE THE IN THE ACTIVITY/ ACTIVITIES ABOVE. | |
|-----------------------------|-------------------------|---|--|
| (print student's name) | | | |
| Student Signature | Print Name | Date | |
| Parent / Guardian Signature | Print Name | Date | |

PART B - INFORMED CONSENT - EARLY EXCUSAL AND TRANSPORTATION

I/We understand that:

- Authorizing the above student to participate in the sport activity/activities in Part A above also authorizes his/her early
 excusal from school on the days when such sport activity/activities are scheduled to take place;
- Transportation to and from games which occur in the City of Hamilton is the responsibility of the parent/guardian unless
 otherwise arranged by the school;
- When the school arranges transportation, it may use volunteer drivers in accordance with the HWDSB's policy regarding such drivers (see http://www.hwdsb.on.ca/about/policies/); the games where the school arranges transportation will be denoted clearly on the attached schedule.
- When a student travels to the activity using transportation that has NOT been arranged by the school, **SUCH STUDENT WILL NOT BE UNDER THE SUPERVISION OF THE SCHOOL OR HWDSB EMPLOYEE** during the period between excusal and reporting to his/her coach upon arrival at the activity location as well as after the activity has ended;

| BY MY/OUR SIGNATURES BELOW, I/WE HEREE | BY CONFIRM I/WE HAVE READ PART B | BABOVE AND AUTHORIZE THE | | | | |
|--|----------------------------------|--------------------------|--|--|--|--|
| EARLY EXCUSAL OF | | | | | | |
| AND HIS/HER TRAVEL TO AND FROM SPORT ACTIVITIES IN ACCORDANCE WITH PART-B. | | | | | | |
| | | | | | | |
| | | | | | | |
| Parent / Guardian Signature | Print Name | Date | | | | |

HWDSB 2709 (July 2023)

| | | | n and Protection of Privacy Act. |
|---|---|---|---|
| Student's Name: | | | |
| Home Address: | | Phone: | |
| EMERGENCY TELEPHONE NUN | IBERS: | | |
| Parent's/Guardian's Name: | | | |
| | | | |
| | | | |
| First Contact Name: | Second Contact Name: | | <i>Third Contact</i> Name: |
| | | | Name: |
| | | | • |
| | Cell 🛣 | | Cell 🖀 |
| Work 🛣 | Work 🗖 | | Work 🛱 |
| | | | |
| | | Talanhanai | |
| | | | |
| | Stu | Ident Authorization #: | |
| ASTHMA/ALLERGIES: | | | (ESL/Visa Student ONLY) |
| ist the type of Asthma: | | | |
| ist any allergies such as food, ins | ect stings, drugs, etc. Clearly exp | lain symptoms and read | tions. |
| | | | |
| | | | |
| | | | |
| | | No | |
| | | □ No □ No | ensure that Epi Pens/Inhalers are |
| loes the student have an asthma | inhaler? Yes | □ No □ | ensure that Epi Pens/Inhalers are functional and readily available |
| ooes the student have an asthma are there any other medical condit | | □ No □ | ensure that Epi Pens/Inhalers are functional and readily available |
| oes the student have an asthma re there any other medical condit | inhaler? Yes | □ No □ | ensure that Epi Pens/Inhalers are functional and readily available |
| Does the student have an asthma are there any other medical condit cholastics? | inhaler? Yes | □ No □ | ensure that Epi Pens/Inhalers are functional and readily available |
| Does the student have an Epi Pen Does the student have an asthma Are there any other medical condit cholastics? | inhaler? Yes | □ No □ | ensure that Epi Pens/Inhalers are functional and readily available |
| Does the student have an asthma are there any other medical condit cholastics? MEDICATION: any medication being carried by th | inhaler? | No https://www.commons.com/com/commons.com/com/commons.com/commons.com/com/com/com/commons.com/com/com/com/com/com/com/com/com/com/ | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| Does the student have an asthma Are there any other medical condit scholastics? IEDICATION: Any medication being carried by th | inhaler? | No https://www.commons.com/com/commons.com/com/commons.com/commons.com/com/com/com/commons.com/com/com/com/com/com/com/com/com/com/ | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| Does the student have an asthma are there any other medical condit cholastics? IEDICATION: Any medication being carried by the esponsible for the administration of Request for school assistance in list the student self-medicating? | inhaler? | No hation of the student in in the school trip superviso form used in Hamilton-W | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| Does the student have an asthma Are there any other medical condit cholastics? MEDICATION: Any medication being carried by the esponsible for the administration of Request for school assistance in liss the student self-medicating? | inhaler? | No not the student in in the school trip superviso form used in Hamilton-W | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| Does the student have an asthma Are there any other medical condit scholastics? MEDICATION: Any medication being carried by the esponsible for the administration of Request for school assistance in last s the student self-medicating? Tetanus shot within the last ten ye | inhaler? Yes tions that might affect the participa the student shall be monitored by the standard for | No hation of the student in in the school trip superviso form used in Hamilton-W | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| Does the student have an asthma are there any other medical condit cholastics? | inhaler? Yes tions that might affect the participa the student shall be monitored by the of medication, then the standard for the standa | □ No ation of the student in in the school trip superviso form used in Hamilton-W □ No □ No □ No | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| TebleAttion being carried by the student self-medication of the student self-medicating? TebleAttion of the student self-medicating? The student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? | inhaler? Yes tions that might affect the participations that might affect the participation the student shall be monitored by the of medication, then the standard for health care) ars? Yes AN: of a medical emergency, while on bus condition exists and The Ham | □ No ation of the student in in the school trip superviso form used in Hamilton-W □ No □ No □ No | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| TebleAttion being carried by the student self-medication of the student self-medicating? TebleAttion of the student self-medicating? The student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? Tetanus shot within the last ten ye student self-medicating? | inhaler? Yes tions that might affect the participations that might affect the participation the student shall be monitored by the of medication, then the standard for health care) ars? Yes AN: of a medical emergency, while on bus condition exists and The Ham | □ No ation of the student in in the school trip superviso form used in Hamilton-W □ No □ No □ No | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| Does the student have an asthma are there any other medical condit cholastics? MEDICATION: Any medication being carried by the esponsible for the administration of Request for school assistance in last s the student self-medicating? Tetanus shot within the last ten ye CONSENT OF PARENT/GUARDI We understand that in the event of | inhaler? Yes tions that might affect the participations that might affect the participation the student shall be monitored by the of medication, then the standard for health care) ars? Yes AN: of a medical emergency, while on bus condition exists and The Ham | □ No ation of the student in in the school trip superviso form used in Hamilton-W □ No □ No □ No | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| Does the student have an asthma are there any other medical condit cholastics? | inhaler? Yes tions that might affect the participations that might affect the participation the student shall be monitored by the of medication, then the standard for health care) ars? Yes AN: of a medical emergency, while on bus condition exists and The Ham | □ No ation of the student in in the school trip superviso form used in Hamilton-W □ No □ No □ No | ensure that Epi Pens/Inhalers are functional and readily available ter- |
| The student have an asthmatic or there any other medical condition cholastics? | inhaler? Yes tions that might affect the participations that might affect the participation the student shall be monitored by the of medication, then the standard for health care) ars? Yes AN: of a medical emergency, while on bus condition exists and The Ham | No hation of the student in in the school trip superviso form used in Hamilton-W No No a trip, medical officials | functional and readily available ter- |
| The student have an asthmatic or there any other medical condition cholastics? | inhaler? Yes tions that might affect the participations that might affect the participation the student shall be monitored by the of medication, then the standard for health care) ars? Yes AN: of a medical emergency, while on bus condition exists and The Ham | No hation of the student in in the school trip superviso form used in Hamilton-W No No a trip, medical officials | ensure that Epi Pens/Inhalers are functional and readily available ter- |

PART D – PARTICIPANT'S CODE OF BEHAVIOUR

It is mandatory that all coaches take an appropriate amount of time prior to the start of the season to review the HWIAC By-Laws, the Hamilton-Wentworth District School Board Drug Policy and to clarify this code of behaviour with their athletes.

- 1. It is a privilege not a right to play for an interscholastic team. While there are many advantages, there are also a certain number of responsibilities.
- 2. It is your duty to promote good sportsmanship between your own teammates, and to appreciate what your opponents do well.
- 3. Please educate your friends and family as to how to view a contest. Tell them to cheer for you not malign the other team or the officials.
- 4. Officials and coaches must be treated with the highest degree of respect. Sport is best when everyone understands that right or wrong the word of the official is final. You must remember that often the community forms an opinion of your school based on your actions. You represent your school on the playing field and in the community.
- 5. Set a good example for your teammates. Encourage team members to act in a way that will enhance the morale of the team. The team must be free from:
 - foul language;
 - physical and verbal abuse of players;
 - comments relating to ethnic or religious origin;
 - negative comments of any kind directed towards teammates or your opponent.
- 6. You are a member of a team. Concern yourself with what is going on in the game. Do not concern yourself with the activities of the spectators. Appreciate the spectator support and cheering, but do not interact with them during the game.
- 7. Being a team member requires a commitment to your teammates, your coach and your school. You are expected to fulfil this commitment throughout the entire season.
- 8. A player must be in school the day of the contest in order to be eligible to participate that day.
- 9. A player must agree to be tobacco/non-prescription drug/alcohol free within the team environment.
- 10. HWDSB complies with OFSAA (Ontario Federation of School Athletic Associations) transfer policies for interscholastic activities. Every student who has transferred from another school within the previous twelve (12) months is ineligible for competition unless he/she appeals and is deemed eligible under the OFSAA Transfer Policy.

In the event my actions violate this code of behaviour or the rules of the game, I understand I am subject to disciplinary action specified in the rules of the game and possibly supplemental discipline specified in the constitution of the Hamilton-Wentworth Interscholastic Council. Such supplemental discipline may include, but is not limited to, possible suspension from a subsequent game(s) or suspension and even prohibition from participation in all athletic activities governed by the Council.

STATEMENT OF INTENT

These signatures confirm an understanding of Hamilton-Wentworth District School Board Policy, Rules/Regulations and Code of Behaviour. In addition, they indicate a commitment, by each individual, to meet Board expectations.

Student

Parent/Guardian

Principal

Phys Ed Head