

HWDSB TRY OUT LETTER

Dear Parent/ Guardian

Your child has expressed an interest in trying out for the following:

School: _____

Activity: _____

The tryout schedule is as follows:

First Tryout: Date: _____ Time: _____ Location: _____

Second Tryout Date: _____ Time: _____ Location: _____

Final Tryout Date: _____ Time: _____ Location: _____

Risk of Injury:

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;
- 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 online at www.insuremykids.com.

Medical Treatment

- *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.*

Transportation to the tryout (**offsite only**) is the responsibility of the parents and the cost to each student is <insert cost> which is required to cover the cost of the facility rental.

Should your child be successful in making the team more information will be shared.

Student Name: _____

Date: _____

Parent/ Guardian Name: _____

Parent/Guardian Signature: _____