

## 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 H.W.I.A.C. 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:
  - (a) foul language;
  - (b) physical and verbal abuse of players;
  - (c) comments relating to ethnic or religious origin;
  - (d) 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. It is mandatory that prior to the playing season every athlete completes a statement of intent (co-signed by the Coach) which indicates an understanding of Hamilton-Wentworth District School Board Policy, Philosophy, Rules/Regulations and Ethics. This statement will be filed together with the team eligibility list in the Principal's office.

**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, Philosophy, Rules/Regulations and Code of Behaviour. In addition, they indicate a commitment, by each individual, to meet Board expectation.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Phys Ed Head



## STUDENT ATHLETE INFORMATION PACKAGE

It is important that all of the information requested on this package is completed fully and accurately and returned to the school prior to participation in the activity.

If you are unsure about any of the information that has been requested or require further details on inherent risk of the activity, please contact the school.

**Students participating in an interscholastic athletics activity must complete all parts of this form and return it to the school prior to participation.**

## PART A – INFORMED CONSENT

I \_\_\_\_\_ Student Name \_\_\_\_\_ hereby acknowledge that participation in \_\_\_\_\_ Activity \_\_\_\_\_ organized by the Hamilton-Wentworth District School Board/Hamilton-Wentworth Interscholastic Athletic Council. **Participation involves risk of injury, minor or serious, including permanent disability. Injuries may result from my own actions, the actions or in-actions of others, or a combination of both.**

All activities include rules and regulations designed to enhance the safety and protection of participants. The chance of an accident occurring can be reduced by abiding by these rules and regulations, by carefully following instructions at all times while engaging in the activity and by maintaining a level of fitness suitable for safe participation in this activity. By choosing to participate, I acknowledge an understanding of these conditions and assume the risk of an accident occurring.

All activities include rules and regulations that establish behavioural expectations for participants. These include rules of the game/activity and the H.W.I.A.C. Player's Code of Behaviour. Should my actions violate these rules and regulations, I understand I am subject to disciplinary action by the H.W.I.A.C. that could include possible suspension from a subsequent game(s) or suspension and even prohibition from participation in all athletic activities governed by the Council .

I understand that throughout the year, in effort to recognize athletic accomplishments, event results containing player names and team pictures may be included on District School Board web sites or in District School Board publications. By choosing to participate in the activity, I am giving permission for this information to be published as outlined.

The Hamilton-Wentworth District School Board does not provide any accidental death, disability , dismemberment or medical expense insurance on behalf of the student participating in athletic activities. Student Accident Insurance coverage may be purchased annually.

### ACKNOWLEDGEMENT:

I/We have read the above and understand that in participating in the listed student athletic activity(s) I/we are assuming the risks associate with doing so.

I/We acknowledge receipt of information containing details ( information form or school letter) of this/these trip(s).

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PART B - CONCUSSIONS FACT SHEET FOR ATHLETES AND PARENTS

### WHAT IS A CONCUSSION?

Concussions are brain injuries caused by excessive, rapid movement of the brain inside the skull. This movement causes damage that changes how brain cells function, leading to symptoms that can be physical (headaches, dizziness), cognitive (problems remembering or concentrating), or emotional (feeling depressed). A concussion can result from a blow to the head or body in any number of activities including receiving a check in hockey, being in a motor vehicle collision or slipping on an icy sidewalk. It is important for the safety of the individual who is experiencing any signs / symptoms of concussion to be removed from all activity, seek medical attention and inform the school / coach of their condition.

### SIGNS AND SYMPTOMS OF A CONCUSSION YOUR CHILD MAY EXPERIENCE

- | <u>Observed by the Athlete</u>   | <u>Observed by the Parent / Guardian, Coach or Teammate</u>  |
|--|--|
| <ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Bothered by light</li> <li>• Bothered by noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Difficulty paying attention</li> <li>• Memory problems</li> <li>• Confusion</li> <li>• Does not "feel right"</li> </ul> | <ul style="list-style-type: none"> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows behaviour or personality changes</li> <li>• Can't recall events after hit or fall</li> <li>• Appears dazed or stunned</li> </ul> |

### WHAT TO DO IF SIGNS / SYMPTOMS OF A CONCUSSION ARE PRESENT

- | <u>Athlete</u>  | <u>Parent / Guardian</u>  |
|---|---|
| <ul style="list-style-type: none"> <li>• TELL YOUR COACH IMMEDIATELY</li> <li>• Inform parents</li> <li>• Seek medical attention</li> <li>• Give your self time to recover</li> </ul> | <ul style="list-style-type: none"> <li>• Seek medical attention</li> <li>• Keep your child out of play</li> <li>• Follow return to play guidelines</li> <li>• Address academic needs</li> </ul> |

### WHERE CAN I FIND MORE INFORMATION?

- ThinkFirst Canada website: [www.thinkfirst.ca](http://www.thinkfirst.ca)
- Ontario Physical and Health Education Association Safety Guidelines: <http://safety.ophea.net>

### RETURN TO PLAY

- Do not attempt to return to play until receiving medical clearance
- Request a "Return to Play Form" from school
- Follow the return to play protocol and carefully monitor the health of the athlete

### ACKNOWLEDGEMENT

By signing below, I acknowledge that I have reviewed this Concussion Fact Sheet for Athletes and Parents. I also acknowledge and understand the risk of brain injuries associated with participation in school athletics activities. I understand it is essential for the safety of the student that any injury incurred in school or community activities that results in the student experiencing signs or symptoms of a concussion must be reported to the school or coach as soon as possible.

_____	_____	_____
Athlete Signature	Print Name	Date
_____	_____	_____
Parent / Guardian Signature	Print Name	Date

## PART C - EMERGENCY / HEALTH INFORMATION

*This information is collected under the Municipal Freedom of Information and Protection of Privacy Act.*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY TELEPHONE NUMBERS:

Parent's/Guardian's Name: \_\_\_\_\_

<u>First Contact</u>	<u>Second Contact</u>	<u>Third Contact</u>
Name: _____	Name: _____	Name: _____
Home  _____	Home  _____	Home  _____
Cell  _____	Cell  _____	Cell  _____
Work  _____	Work  _____	Work  _____

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

### HEALTH INSURANCE

Ontario Health Card Number: \_\_\_\_\_ Student Authorization #: \_\_\_\_\_  
(ESL/Visa Student ONLY)

### ASTHMA/ALLERGIES:

List the type of Asthma: \_\_\_\_\_

List any allergies such as food, insect stings, drugs, etc. Clearly explain symptoms and reactions.

\_\_\_\_\_

Does the student have an Epi Pen?  Yes  No **It is the student/parent(s) responsibility to ensure that Epi Pens/Inhalers are functional and readily available**  
Does the student have an asthma inhaler?  Yes  No

Are there any other medical conditions that might affect the participation of the student in interscholastics?

\_\_\_\_\_

### MEDICATION:

Any medication being carried by the student shall be monitored by the school trip supervisor. If the supervisor/teacher is to be responsible for the administration of medication, then the standard form used in Hamilton-Wentworth schools must be completed. (Request for school assistance in health care)

Is the student self-medicating?  Yes  No  
Tetanus shot within the last ten years?  Yes  No

### CONSENT OF PARENT/GUARDIAN:

I/We understand that in the event of a medical emergency, while on a trip, medical officials can authorize emergency medical care. This would only apply when a serious condition exists and The Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

_____	_____
Parent/Guardian Signature	Date