

PARENT/GUARDIAN PERMISSION TO TRYOUT, PARTICIPATE AND TRAVEL FOR INTERSCHOOL ATHLETICS

APPENDIX "D6"

PARENTS RETAIN PAGE 1

PAGE 1 OF 3

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Parents should retain:

Page 1: Information regarding the interschool athletic activity/team/club.

Please return pages 2 & 3 to the coach prior to the athlete's first team tryout by: May 31st

Page 2: Student, Emergency and Medical Information.

Page 3: Acknowledgment of Risks, Permission to Participate and Travel.

School:	Millbrook/South Cavan Public School		Phone:	705-932-2789
Head Coach:	Tracy Parker Kate Toms	<input checked="" type="radio"/> KPR Staff <input type="radio"/> Volunteer	Grade(s):	4, 5, 6
Team Name:	Girls Jr. 3 pitch	Selection of Members:	<input type="checkbox"/> All interested students	
School Year:	2018		<input checked="" type="checkbox"/> Based on tryouts <input type="checkbox"/> Other: _____	
Schedule of tryouts, practices and/or games:	<p>The following practices/tryouts will be run from 2:30-3:30 afterschool May 31, June 5, 6, 7, 12, 13</p> <p>Listen to announcements and check the board in the foyer for practices to be scheduled during nutrition breaks on: June 1, 4, 11, 14</p> <p>Tournament: June 18th at Bowers Park (schedule to follow)</p> <p>All players must arrange their own transportation to and from practices and event</p> <p>Please email Tracy Parker with any questions or if you want to volunteer for the tournament day: tracy_parker@kprdsb.ca</p>			
Travel arrangements:	<input type="checkbox"/> KPR Bus <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Private vehicle <input type="checkbox"/> Public transit <input type="checkbox"/> By foot <input type="checkbox"/> Plane	<input type="checkbox"/> Train <input type="checkbox"/> Boat <input checked="" type="checkbox"/> Participants must arrange own transportation <input type="checkbox"/> Other: _____	Additional Instructions: looking for 1 or 2 parent volunteers who have valid police checks to help out with supervision and/or score keeping and umpiring.	
	All drivers of private vehicles (volunteers) must be approved by the Principal. A "Departure from Itinerary" form must be completed in advance if a student intends to depart from the specified itinerary or uses alternative modes of transportation to and from destinations. This form is available on request.			
Clothing and equipment requirements:	proper footwear meaning running shoes or cleats glove if you have one helmet if you have your own (otherwise one will be provided)			
Additional requirements (e.g. fees)	Plenty of water and healthy foods sunblock ball cap There is usually a canteen if you want to send money, but don't count on it for lunch			
Supervision arrangements:	Tracy Parker parent volunteers			

Coach's
signature:

Date: May 29, 2018

Principal's
signature:

Date: May 29, 2018

**PARENT/GUARDIAN PERMISSION TO TRYOUT, PARTICIPATE
AND TRAVEL FOR INTERSCHOOL ATHLETICS**
RETURN PAGES 2 AND 3 TO THE COACH

APPENDIX "D6"
PAGE 2 OF 3

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

This form is to be completed on behalf of an athlete who wishes to participate on the girls Jr 3 pitch team and must be returned to the coach *prior to the athlete's first team tryout by: May 31st*

Student Information:

Student/Athlete Name:		Health Card # (optional):	
Parent/Guardian Name:		Home Phone #:	
Home Address:		Work Phone #:	

Emergency Contact Information:

Emergency Contact Name:		Home Phone #	
		Work Phone #:	
Emergency Contact Name:		Home Phone #	
		Work Phone #:	
Physician Name:		Physician Phone #:	

Medical Information (note: an annual medical examination is recommended)

- Date of last complete examination: _____
- Date of last tetanus immunization: _____
- Is your son/daughter/ward allergic to any drugs, food or medication/other? Y__ N__
If yes, provide details _____
- Does your son/daughter/ward take any prescription drugs? Y__ N__
If yes, provide details _____
- What medication(s) should the participant (son/daughter/ward) have available during the sport activity?

- Who should administer the medication? _____
- Does your son/daughter/ward wear a medical alert bracelet, neck chain, or carry a medical alert card? Y__ N__
- Has your son/daughter/ward been identified as being anaphylactic? Y__ N__
If yes, does he/she carry an EpiPen®? Y__ N__
- Does your son/daughter/ward wear eyeglasses? Y__ N__ Contact lenses? Y__ N__
- Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:
 - epilepsy, diabetes, orthopaedic problems, deafness, hearing loss, asthma, allergies: _____
 - head or back conditions or injuries (in the past two years): _____
 - arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen or hyper mobile or painful joints, trick or lock knee: _____
- Please indicate any other medical condition that will limit participation: _____
- If a concussion has been diagnosed over the summer break, the Request to Resume Participation - Concussion Related Injuries form must be completed by a physician before the student returns to class/intramural and interschool activities. Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic participation Form".

Freedom of Information Notice: The information provided on this form is collected pursuant to the school board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and protection of privacy act, and will be utilized only for the purposes related to the Board's policy on Risk Management for Interscholastic Athletics. Any questions with respect to this information should be directed to your school principal.

**PARENT/GUARDIAN PERMISSION TO TRYOUT, PARTICIPATE
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RETURN PAGES 2 AND 3 TO THE COACH

APPENDIX "D6"

PAGE 3 OF 3

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

This form is to be completed on behalf of an athlete who wishes to participate on the girls Jr 3 pitch team and must be returned to the coach *prior to the athlete's first team tryout by: May 31st*

Medical Services Authorization (optional): In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anaesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

Athlete Accident Insurance Notice: The Kawartha Pine Ridge District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance on behalf of the athletes participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year.

Transportation Insurance Notice: The "Departure from Itinerary Form" must be completed in advance if a student intends to depart from the specified itinerary. Departure from itinerary includes finding alternative modes of transportation to and from destinations. This form is available on request. In the case of an accident the Kawartha Pine Ridge District School Board recognizes the insurance coverage carried by the vehicle owner as the primary insurance and the primary owner's policy would apply before any other insurance. Only if the claim exceeds the liability limit carried on the owner's Auto policy would the Board's excess insurance for non-owned automobiles apply, and then only for the amount in excess of the limit. The Kawartha Pine Ridge District School Board will not cover speeding tickets or other parking or traffic fines; collision, comprehensive, or other primary insurance policy deductibles carried by owner; reimbursement of vehicle damage not otherwise covered by the owner's primary policy and premium increases resulting from at-fault accidents.

Elements of Risk Notice: The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. The Kawartha Pine Ridge District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of students participating in these activities.

Higher Risk Activity: This ☐ is ☐ is not considered a higher risk activity. Examples of risks associated with this higher risk activity are:

1. ☒ 2. ☒ 3. ☒
These risks result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board or its employees or agents, or facility where the activity is taking place. By choosing to participate in the activity, you, the student, are assuming the risk of an accident occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The Kawartha Pine Ridge District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Acknowledgement of Risks, Permission to Participate and Travel, Informed Consent Agreement: As this activity is part of or an extension of the school program, students must adhere to the school Code of Conduct. Please discuss with a school representative, any personal, family, financial, or cultural factors which may prevent your child/ward from participating in this activity.

- I/We have read and understand the notices of Accident Insurance. _____ (Initials of Parent/Guardian)
- I/We have read and understand the notice of Elements of Risk. _____ (Initials of Parent/Guardian)
- I/We give permission for my son/daughter/ward to try out, participate and travel with the _____ team during the _____ school year.
- I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident-insurance coverage.

Student Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Photo and Video Consent: In compliance with the Municipal Freedom of Information and Protection of Privacy Act, the Kawartha Pine Ridge District School Board requires permission to allow photo/video recording of identifiable students and staff. Please indicate your consent by checking the boxes and signing in the space provided.

- ☐ I authorize the Kawartha Pine Ridge District School Board to use the name, grade, photograph, art work, articles and school projects of my child/children, in school newsletters, Board publications, Board supported electronic media (e.g. Board website) or other displays.
- ☐ I authorize the Kawartha Pine Ridge District School Board to allow the news media to interview and publish photographs or audio/visual productions of my son/daughter.

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION FOR VOLUNTEER DRIVERS

APPENDIX "F"

VOLUNTEER DRIVERS

THIS WILL AUTHORIZE _____

(NAME OF TEACHER OR OTHER VOLUNTEER DRIVER)

TO TRANSPORT STUDENTS PARTICIPATING IN THE EVENTS LISTED ON THE ATTACHED SCHOOL SCHEDULE,
OR

TO TRANSPORT STUDENTS PARTICIPATING IN THE FOLLOWING SCHOOL ACTIVITY:

Junior Girls 3-Pitch Tournament - Bowers Park, Peterborough

VEHICLE INFORMATION: MAKE _____ YEAR _____ LICENCE # _____

June 18, 2018

Millbrook/South Cavan Public School

DATE

SCHOOL NAME

PRINCIPAL'S SIGNATURE

ALL TRIP DRIVERS* INCLUDING VOLUNTEER DRIVERS ARE ADVISED THAT, IN ORDER TO BRING INTO EFFECT THE BOARD'S EXCESS LIABILITY INSURANCE, THEY SHOULD:

- A) USE A LICENSED AUTOMOBILE WHICH CARRIES VALID THIRD-PARTY LIABILITY INSURANCE AS REQUIRED UNDER LEGISLATION IN THE PROVINCE OF ONTARIO.
- B) PROVIDE THE BOARD PROMPT WRITTEN NOTICE, WITH ALL AVAILABLE PARTICULARS, OF ANY ACCIDENT ARISING OUT OF THE USE OF A LICENSED AUTOMOBILE DURING A TRIP ON BUSINESS OF THE BOARD.
- C) BE AWARE THAT THE BOARD'S EXCESS LIABILITY INSURANCE COMES INTO EFFECT ONLY AFTER THE "TRIP DRIVERS" INSURANCE HAS BEEN EXHAUSTED, TO A COMBINED TOTAL OF \$20 000 000.00.

*N.B. A "TRIP DRIVER" IS DEFINED AS ANY PERSON AUTHORIZED BY THE BOARD WHO HAS AGREED TO BE A DRIVER FOR A CERTAIN TRIP WHILE THEY ARE DRIVING THEIR OWN OR ANOTHER LICENSED AUTOMOBILE; TO INCLUDE TRUSTEES, EMPLOYEES, TEACHERS, PARENTS, VOLUNTEERS AND OFFICIALS OF THE BOARD.

ALL "TRIP DRIVERS" MUST PROVIDE EVIDENCE OF A CLEAR CRIMINAL OFFENSES SCREENING PRIOR TO THE TRIP TAKING PLACE.

1. DECLARATION TO BE SIGNED BY DRIVER:

- I DECLARE THAT I HAVE HAD A CRIMINAL BACKGROUND CHECK AND THAT THE RESULTS HAVE BEEN FORWARDED TO THE KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD.
- I DECLARE THAT I HAVE A LEVEL 2 (G2) OF THE GRADUATED LICENSING SYSTEM OR I AM FULLY LICENSED (G) TO DRIVE IN ONTARIO AND MY VEHICLE IS INSURED BY VALID AUTOMOBILE LIABILITY INSURANCE OF AT LEAST \$2 000 000.00 AS REQUIRED BY ONTARIO LAW.
- I AM EIGHTEEN (18) YEARS OF AGE OR OLDER
- THAT THE VEHICLE IS MECHANICALLY FIT AND THAT THERE ARE INDIVIDUAL SEAT BELTS IN WORKING CONDITION FOR ALL PASSENGERS.
- I WILL INSURE THAT INDIVIDUAL SEATBELTS ARE USED BY ALL PASSENGERS AND THAT A STUDENT UNDER THE AGE OF TWELVE (12) DOES NOT OCCUPY THE FRONT SEAT OF A VEHICLE EQUIPPED WITH A FRONT PASSENGER AIR BAG.

SIGNATURE OF DRIVER

DATE

2. DECLARATION TO BE SIGNED BY THE OWNER OF THE VEHICLE, IF THE VOLUNTEER DRIVER DOES NOT OWN THE VEHICLE.

- I DECLARE THAT I HAVE AUTHORIZED TO DRIVE MY VEHICLE TO TRANSPORT STUDENTS PARTICIPATING IN THE SCHOOL EVENT(S) LISTED ON THIS FORM OR ON THE ATTACHED SCHEDULE.
- HE/SHE IS LICENSED TO CARRY PASSENGERS AND IS FULLY INSURED AS A DRIVER UNDER THE VEHICLE LIABILITY INSURANCE AS REQUIRED BY ONTARIO LEGISLATION, THAT THE VEHICLE IS MECHANICALLY FIT AND THAT THERE ARE SEAT BELTS IN WORKING CONDITION FOR ALL PASSENGERS.
- I AM AWARE THAT THE BOARD'S EXCESS LIABILITY INSURANCE COMES INTO EFFECT ONLY AFTER THE VEHICLE OWNER'S INSURANCE HAS BEEN EXHAUSTED.

SIGNATURE OF OWNER

DATE

This information is collected under the authority of the Education Act, R.S.O. 1990, in order to make this out-of-classroom program safer for all participants and in compliance with The Municipal Freedom of INFORMATION ACT 1989. Questions about this collection should be directed to the school Principal.

Driving Arrangements:

Junior Girls 3-Pitch Tournament - Bowers Park

Monday June 18, 2018

Student Name: _____

Will be travelling to Bowers Park with: _____

Will be travelling home with: _____

Return this form to Mrs. Parker by June 11, 2018 please.

(complete the Volunteer driver form only if you are driving children other than your own)

Driving Arrangements:

Junior Girls 3-Pitch Tournament - Bowers Park

Monday June 18, 2018

Student Name: _____

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Return this form to Mrs. Parker by June 11, 2018 please.

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