| BW7LOGOB **AF 5605**  **Bluewater District School Board**  351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 519-363-2014 or 1-800-661-7509 Fax 519-370-2909 INTERSCHOOL ATHLETIC PARTICIPATION | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***This form is to be completed on behalf of a student (or by the adult student) who wishes to participate in an interschool sport/activity***  ***and must be returned to the coach/staff supervisor prior to the student’s first try-out / practice.*** | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | **SECTION 1: SPORT/ACTIVITY INFORMATION** *(to be completed by coach/staff supervisor)* | | | | | | | | |  |
|  | **School** | KDSS | | **Coach/Staff Superv.** | Morris/Ogilvie | **School Year** | 24 | / | 25 |  |
|  | **Interschool Sport /Activity** | | Football-Tryouts and Practices | | | | | |  |  |

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|  | **SECTION 2: STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Student** | |  | | | | | | | |  | | | | | | |  | | | | | | **Grade** | | |  | | | | |  |
|  |  |  | Surname | | | | | | | | Given Name(s) | | | | | | | Preferred Name (optional) | | | | | |  |  |  |  |  |  |  |  |  |
|  | **Address** | |  | | | | | | | | | | | | | ***OR*** |  | | |  | | | |  | | | | | | | |  |
|  |  |  | Street and Number | | | | | | | | | | | | |  | Lot | | | Concession | | | | Township | | | | | | | |  |
|  |  |  |  | | | | | | | | | |  | | | **Date of Birth** | | | | |  | | | | | | | | | | |  |
|  |  |  | Municipality (City, Town, Village) | | | | | | | | | | Postal Code | | |  |  |  |  |  | Year Month Day | | | | | | | | | | |  |
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|  | **Parent/Guardian Name(s)** | | | | | | | | | | | | | | | |  |  | **Telephone (Emergency)** | | | | | | | | | | | | |  |
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|  | **SECTION 3: MEDICAL INFORMATION *NOTE: An annual medical examination is recommended*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Doctor | |  | | | | | | | | | | | | | | | | | | | | Telephone | | | |  | | | | |  |
|  | **Dentist** | |  | | | | | | | | | | | | | | | | | | | | **Telephone** | | | |  | | | | |  |
|  | Emergency Contact Name and Telephone | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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|  | **Medical Services Authorization (Optional Signature to Participate)** | | | | |  |
|  | In case of emergency medical or hospital services being required by the above listed student, 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 anesthesia and drugs. I understand that any cost will be my responsibility.  I also hereby give consent to the principal of the school to share health information that is deemed to be in the best interest of the above-named student. ­ | | | | |  |
|  | |  |  |  |  |  |
|  | | Date |  |  | Signature of Parent(s)/Guardian(s) or Adult Student |  |

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|  | 1. | | Date of last complete medical examination: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 2. | | Date of last tetanus immunization: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 3. | | Is your student allergic to any drugs, foods or medication/other? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | Yes | | | |  | |  | | No | | |  | | | |  | |  | | |  | | |
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|  |  | | If yes, provide details: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 4. | | Does your student take any prescription drugs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | Yes | | | |  | |  | | No | | |  | | | |  | |  | | |  | | |
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|  |  | | If yes, provide details: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 5. | | What medication(s) should the participant have on hand during the sport/activity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | Who should administer the medication? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 6. | | Does your student wear a medical alert bracelet? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | medical alert neck chain? | | | | | | | | | | | | | | | | |  | | | | carry a medical alert card? | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | If yes, to any of the above, please specify what is written on it: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | 7. | | Does your student wear eyeglasses? | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | Yes | | | |  | | | | | No | | | |  | | Contact lenses? | | | | | | | | | |  | | | | Yes | | | |  | | No | |  | | | | |  | |  | |  | | |  | |
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|  | | 8. | | Please indicate if your student has been subject to any of the following and provide pertinent details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
|  | |  | | * epilepsy, diabetes, orthopaedic problems, deaf, hard of hearing, asthma, allergies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | |  | | * head (including concussion) or back conditions / injuries (in the past two years): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | |  | | * arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | |  | | * swollen or hyper mobile joints, trick or lock knee: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | |  | | * Any other medical information or limitations that affect their full participation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | E-Template Reviewed 2022.03.22 (2014.12.10) Page 1 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

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|  | **SECTION 4: ROWAN’S LAW (CONCUSSION SAFETY) - Ontario Regulation 161/19 (Signature Required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 1. | If a concussion has been diagnosed over summer break, during non-school related activities and/or during school-related activities, form AF 6817 must be completed before a student can return to class/intramural and interschool activities. Please contact your school office to obtain the form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 2. | Rowan’s Law (O. Reg. 161/19) requires Bluewater District School Board (BWDSB) to confirm that you have reviewed the age-appropriate Concussion Awareness Resource and the BWDSB Concussion Code of Conduct **before your student can participate in any BWDSB interschool sport. Please access these documents on the Concussion Awareness page on the board’s website (**[**www.bwdsb.on.ca/students/concussion\_awareness**](http://www.bwdsb.on.ca/students/concussion_awareness)**).** For a hard copy of any resource, please contact your school office. **These documents must be reviewed once each school year.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | I acknowledge that I have, during the current school year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | completed a full review of the age-appropriate (for my student) Rowan’s Law Concussion Awareness Resource; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | completed a full review of the BWDSB Concussion Code of Conduct; and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | discussed / reviewed the information contained in both the Rowan’s Law Concussion Awareness Resource and the BWDSB Concussion Code of Conduct with my student/athlete (*disregard if adult student*). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | Signature of Parent(s)/Guardian(s) or Adult Student | | | | | | | | | | | | | | | | | |  | |  | | Date | | | | | | | | | | | | | | | | | | | | | | |  |  | |
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|  | **SECTION 5: STUDENT ACCIDENT INSURANCE NOTICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Bluewater District School Board does not provide any accidental death, disability, dismemberment/medical/dental expenses insurance on behalf of the students 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/guardians at the beginning and throughout the school year. Please contact your school office for more information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **SECTION 6: CODE OF CONDUCT NOTICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | It is expected that all students will abide by the Ontario Code of Conduct, administrative procedure AP 6822-D “Code of Conduct”, their School Code of Conduct, and administrative procedure AP 3810-D “Alcohol, Tobacco, Vaping, Cannabis, and Drug Free Environment” during any interschool sport/activity. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **SECTION 7: TRANSPORTATION NOTICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Travel to other locations while participating in the interschool athletic program will be necessary from time to time. Where applicable, transportation of students involved in interschool sports/activities will be in accordance with board policy BP 6501-D “Transportation” and administrative procedure AP 6502-D “Transportation-Bus Safety”. Where applicable, transportation of students involved in interschool sports/activities by volunteer drivers will be in accordance with administrative procedure AP 4705-D “Automobile Liability Insurance -Volunteer Drivers”. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **SECTION 8: 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 very 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. These injuries result from the nature of the activity and can occur without fault on either the part of the student, or the school board, or its employees or agents, or the facility where the activity is taking place. Activities that are identified as having the potential for more serious consequences are: archery, alpine skiing, snowboarding, broomball, cheerleading (acrobatic), diving, fencing, field hockey, football, gymnastics, ice hockey, lacrosse (field, box), mountain biking rugby, swimming, track and field – field events: javelin, shot-put, discus, high jump, pole vault, triathlon, water polo, weightlifting and wrestling. By choosing to participate in these activities, you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. Bluewater District School Board attempts to manage as effectively as possible the risk involved for students while participating in school athletics. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **SECTION 9: ACKNOWLEDGEMENT OF RISKS / PERMISSION TO PARTICIPATE AND TRAVEL / INFORMED CONSENT AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | * I/We have read and understand the notices of student accident insurance (Section 5), code of conduct (Section 6), transportation (Section 7), and elements of risk (Section 8). * I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my student for personal health, dental, and accident insurance coverages. * I/We agree that Bluewater District School Board or its employees, servants or agents shall not be liable for any injury to my student or loss or damage to personal property arising from, or in any way resulting from, participation in the above listed activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | * I/We request my student to participate on the | | | | | | | | | | | | |  | | | | | | | | | | | team during the | | | | | | | | |  | | | | | | | | | | school year. | | | |  | |
|  |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | |  | |
|  | **Signature of Parent(s)/Guardian(s)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | Date | | | | | |  | | | | | | | | | | |  | |
|  |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  | |  | | |  | |  | | | |  | | | |  | |  | |  | |  |  | |  |  |  |  | |
|  | Signature of Student | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | **Date** | | | | | |  | | | | | | | | | | |  | |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  | |  | |  | | |  | |  | | | |  | |  | | | |  | |  |  |  | |  |  |  |  | |
|  | Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, C.E.2 and its regulations. It will be utilized only for the purpose related to the student’s participation in interschool athletics. Questions about this collection should be directed to the principal of the school. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | E-Template Reviewed 2022.03.22 (2014.12.10) Page 2 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |