

**This is an important notice.  
Please have it translated.**

**Secondary Extra-Curricular Athletics  
SEASONAL SPORTS/ATHLETIC EVENTS  
Informed Consent**

**For: Carson Graham Secondary Football  
2021 Football Season (Spring and Fall)**

Dear Parents/Guardians:

The written, informed consent of parents/guardians is required for participation of students in all extra-curricular seasonal sport, athletic events and activities in North Vancouver School District No. 44. The purpose of the Informed Consent document is to provide students and parents/guardians with information that is related specifically to each extra-curricular seasonal sport. The information contained herein applies to the entire season of the specific extra-curricular sport and/or athletic event(s) and also extends to pre-season and post-season activities i.e., exhibition games, training camps, league playoffs, District/Zone playoffs, Regional and/or Provincial Finals. The parent/guardian consenting signatures on this document indicate acknowledgement and acceptance of the information contained herein inclusive of risks and potential consequences.

The scheduling of any extra-curricular seasonal sport and/or athletic event(s) involving a multiple-day and/or out-of-province excursion is governed under the provisions of School District *Policy 207: Field Trips* and parents/guardians will be informed separately and accordingly.

Within this package, you will find information relating to:

- Purpose(s) of the extra-curricular athletic program
- Notification of student/parent pre-season meeting required for: football, rugby, alpine skiing, snowboarding, gymnastics, diving, wrestling, and mountain biking.
- Itinerary consisting of schedule, date(s), and times
- Transportation arrangements
- Description of supervisors: teachers, employees of the Board and other adult volunteers, along with contact information
- Description of direct and indirect supervision
- Description of all activities and the inherent risks and potential consequences
- Assessment of student skills and abilities as pertaining to the extra-curricular sport/athletic activity
- Behavioral expectations of students plus safety rules and regulations
- Emergency Plan: cell phone, first-aid provision(s), injury/incident reporting
- Description of budget consisting of revenue (cost to student) and expenditures (cost of trip)
- Notice regarding cancellation and deposits
- Parental responsibility to arrange student accident or liability insurance
- Parental responsibility to determine whether the student may participate in the sport
- *Student Awareness of Risk and Responsibility Form* completed by student

**EXTRA-CURRICULAR ATHLETICS OBJECTIVES:**

The objective of extra-curricular athletics is to foster a healthy appreciation of competition in the context of individual and team sports. Specifically, our program aims for the pursuit of excellence in the areas of commitment, competition, skill development, enjoyment, cooperation, and participation by students.

By virtue of being out of the school setting and in many cases, away from the home school, students on an athletic team learn to be ambassadors for their school, their community and even their country. They learn the realities of travel, the responsibilities and independence of self-governance, the communication skills and leadership skills necessary for teamwork, and the social skills necessary for a variety of circumstances.

**PRE- SEASON MEETING:**

There will be a **MANDATORY** parent meeting in September.

If you have questions or concerns, please email Coach Brady anytime.

**COACHES, SPONSORS(S) AND CHAPERONE(S):**

<u>Name</u>	<u>M/F</u>	<u>Position</u>	<u>Email address</u>	<u>Phone Number</u>
Brian Brady	M	Head Coach	<a href="mailto:bbrady@sd44.ca">bbrady@sd44.ca</a>	(604) 903-3555

**LEVELS OF SUPERVISION:**

The level of supervision is divided into direct and indirect. Direct supervision is the time students spend with a coach, sponsor(s) and/or chaperone(s), which is directly related to the extra-curricular sport and/or event. Indirect supervision is the time students may spend as “unstructured time” outside of activities that are directly supervised. Under indirect supervision, the students may not necessarily be in the company of a coach, sponsor or chaperone. It is expected that students, while under indirect supervision, will act with common sense in accordance with school and school district behavior expectations. Coaches, sponsors and chaperones will determine the parameters of “unstructured time” and clearly articulate them to students. Students, when under indirect supervision, will be informed of how to reach a coach, sponsor or chaperone in the case of an emergency.

**TRANSPORTATION:**

- Transportation to and from games will be provided via school bus
- Parent(s)/guardian(s) should be aware that their son/daughter may be transported by a volunteer driver

**ITINERARY:**

Carson Graham Football Monthly Calendar, including practice and game schedules are available @ [www.carsonfootball.com](http://www.carsonfootball.com).

- [Monthly Calendar](#)
- [JV Schedule](#)
- [Varsity Schedule](#)

**RISKS AND CONSEQUENCES:**

There is a degree of risk in all daily activities. The risk is increased to varying degrees when students are away from the safety and supervision of the school setting. It is impossible to itemize every possible element of risk associated with an extra-curricular sport and/or an athletic event. Generally speaking, this event may include, but not be limited to the following inherent risks and all risks associated with:

- A. Travel to and from the event venue(s)

Participation in extra-curricular sports and/or athletic events involves travel to and from the home school. Risks associated with travel, may include but are not limited to: mode of transportation, environmental conditions, distance, traffic conditions, etc.

B. Active participation in the sport and/or athletic event

Football is a sport with a level of inherent risk and potential consequences, which may include, but is not limited to: bodily injury ranging from incidental to potentially fatal.

Students have been briefed on the risks involved in playing extra-curricular Football and on the appropriate precautions to be taken. Students are required to complete and sign the *Student Awareness of Risk and Responsibility Form* in order to demonstrate full understanding of the expectations, risks, safety precautions and responsibilities associated with Football before being permitted to participate.

C. Spectating

Coaches, sponsors, chaperones, and students will do all they can to ensure a safe and controlled experience to reduce inherent risk. The consequences of risk are, again, myriad and dependent on the situation. Students and parents need to be aware that injury can occur from risk, and that injury can range from minor to fatal. By virtue of signing this "Informed Consent" document, you are acknowledging your understanding and acceptance of the inherent risks and possible consequences associated with this extra-curricular sport/athletic event.

**ASSESSMENT OF STUDENT SKILLS AND ABILITIES:**

Before students may participate in any planned extra-curricular sport and/or athletic event, they must assure the coach(es), sponsor(s) and chaperone(s) that they have the necessary and required skills, training and common sense to participate in the activity. Due to the nature of inherent risks associated with Football, the coach(es), sponsor(s) and/or chaperone(s) must be assured that students have the necessary and required skills, training, and common sense to realistically participate in the activity at varying degrees of competence.

In order to ensure that the participant has an appropriate level of competence and skill to actively participate in this athletic activity, he/she will be required to provide a self-assessment on the *Student Awareness of Risk and Responsibility Form*. It is important to note that students are solely responsible for being forthright and honest in declaring their level of skills and abilities in the "self-assessment" section entitled, "My level of skills and abilities" on the *Student Awareness of Risk and Responsibility Form*. We will complete this form as a team.

- Each player wears assigned equipment to every practice and game
- Each player is an active participant in Heads Up Football drills and instruction

**BEHAVIORAL EXPECTATIONS, SAFETY RULES AND REGULATIONS:**

While participating in extra-curricular high school sports and/or athletic events, it is important that students are aware that behavioral expectations are governed under the B.C. High School Sports Code of Conduct, the School Code of Conduct and the School District Student Conduct Policy. Furthermore, students represent their school and District at all times when traveling and participating in extra-curricular school sports and/or athletic events and as such are accountable for their behavior.

The overarching principle of all school-related activities is to ensure the safety of the individual and group at all times. Students must always be concerned about their own safety and the safety of others at all times.

- All school rules, the School Code of Conduct and the School District Student Conduct Policy are in effect.
- Participants must stay in the area where the extra-curricular sport or activity is scheduled.

## EMERGENCY PLANNING:

At least one supervising adult will have access to a cell phone and first aid kit. Student Emergency Procedure Plans/medical supplies will be brought for students with life-threatening medical conditions (e.g., anaphylaxis).

In the event of student injury, parents/guardians will be notified. In addition, supervising school personnel are required to record the details of any serious injury that may occur during athletic events and activities and, as soon as practicable, complete an on-line *Incident Report* submission.

## MEDICAL/EMERGENCY CONTACT INFORMATION:

Parents/guardians are required to fill in the separate *Medical/Emergency Contact Information Form*. The information provided on the *Medical/Emergency Contact Information Form* is critical for guiding appropriate medical responses if needed.

## TRAVEL/ACCIDENT INSURANCE:

Unless notified otherwise, the extra-curricular sport and/or athletic event in which your child is participating has not arranged group insurance for Travel and/or Accident Insurance. Parents/guardians are responsible for the provision of individual student Accident Insurance for their child if desired.

Individual student Accident Insurance can be obtained from companies such as [www.iapkidsplus.com](http://www.iapkidsplus.com).

## BUDGET:

**Junior Varsity Fee (grades 9/10):** \$475

**Varsity Fee (grades 11/12):** \$586

**Fee includes:** BCSSFA fee (membership, insurance), travel costs (bus, ferry), referees, Hudl membership (game film and highlights), practice wear, game jersey, game socks, Carson Athletic Fee, School Cash Online processing fee.

Fees should be paid online at <https://sd44.schoolcashionline.com>

IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT PAYING THE FEES PLEASE CONTACT COACH BRADY.

## POLICY REGARDING CANCELLATION OF EVENTS/REFUNDS:

**NOTE:** If an extra-curricular seasonal sport budget requires the payment of a deposit and/or monies either in advance of the season or during the season and the extra-curricular athletic event(s) is cancelled either in part or in whole, or the schedule/itinerary altered, neither the school nor the Board shall be liable for any refund either in part, or in whole.

## PARENT AND STUDENT RESPONSIBILITY:

Parents/guardians have the responsibility to determine whether the student may participate on the football team as demonstrated by the completion and signing of an *Informed Consent* form.

Students must complete the appropriate *Student Awareness of Risk and Responsibility* form (done together as a team).

Parents/guardians have the responsibility to arrange extra accident or liability insurance.

Sincerely,



Brian Brady

In order to be eligible to play in both spring and fall, this form must be completed

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**SECONDARY EXTRA-CURRICULAR ATHLETICS  
SEASONAL SPORTS/ATHLETIC EVENTS  
INFORMED CONSENT APPROVAL**

For: **2021 Spring and Fall Football Season**

**PARENT/GUARDIAN PERMISSION**

A student **must** have parent/guardian written and signed permission in order to participate in any extra-curricular seasonal sport and/or athletic event. Without this signed consent, students will not be able to participate in extra-curricular high school sports in North Vancouver School District No. 44.

**PARENT/GUARDIAN CONSENT**

I, \_\_\_\_\_, have read the full Informed Consent document that pertains to my  
Print Parent/Guardian's Name  
son/daughter \_\_\_\_\_'s participation in this extra-curricular sport and/or athletic event. I am  
Print Child's name  
aware of the inherent risks and potential consequences that may occur as a result of participation in this extra-curricular sport and/or athletic event. My signature here indicates that my child has my informed consent to participate in the stated extra-curricular seasonal sport and/or athletic event.

Signed \_\_\_\_\_

Dated: \_\_\_\_\_

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

## Student Medical Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

School: \_\_\_\_\_

Care Card Personal Health No.: \_\_\_\_\_ Birth Day (d/m/y): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Please note any health condition, physical handicap, emotional difficulty, behaviour problem, or other factors that may limit full participation in this program.

\_\_\_\_\_

Has the student had a previous injury that would require special first aid treatment should another injury occur?

\_\_\_\_\_

The student has received the regular immunization program administered in BC for: Diphtheria; Pertussis & Tetanus (DPT); Tetanus and Diphtheria (TD); Polio; Measles, Mumps and Rubella (MMR)

Yes  No If no, please explain: \_\_\_\_\_

Does the student wear Contact Lenses:  Yes  No

Student is subject to:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Eye infections      | <input type="checkbox"/> Motion Sickness  | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Bronchitis             | <input type="checkbox"/> Fainting            | <input type="checkbox"/> Muscle Pulls   | <input type="checkbox"/> Sleep walking  |
| <input type="checkbox"/> Dislocations           | <input type="checkbox"/> Frequent Colds      | <input type="checkbox"/> Nose bleeds  | <input type="checkbox"/> Sprains        |
| <input type="checkbox"/> Dizziness              | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Seizures   | <input type="checkbox"/> Tonsillitis    |
| <input type="checkbox"/> Ear ache               | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sensitive Skin   |   |
| <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Kidney problems     | <input type="checkbox"/> Severe allergies/anaphylaxis<br>(*provide details below) |   |

Other conditions and/or \*further detail (describe below)

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### Alternate Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, I hereby give permission to the physician selected by the supervisor(s) to provide necessary treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS INFORMATION WILL BE KEPT ON FILE**