



Niagara Catholic District School Board Elementary & Secondary Athletic Participation/Acknowledgement of Risk Form

This form is to be completed on behalf of a student who wishes to participate in interschool sport and must be returned to the coach prior to the student's first team tryout.

| | | |
|---------------------------|---------------------------|--------|
| Student Participant Name: | Sport: | Coach: |
| Home Address: | Home Phone # | |
| Parent/Guardian Name: | Work/Cell Phone # | |
| Emergency Contact Name: | Emergency Contact Phone # | |

Note: An annual medical examination is recommended.

Medical Information

1. Does the participant have any allergies (anaphylaxis included) that may impact their participation in this activity? Yes No
If yes, provide any necessary details to assist the coach/activity lead. This includes if the student carries an epi-pen with them.

2. Should the participant have any medication available during the sport activity? Yes No
If yes, list medication: _____
3. Who can/should administer the medication? _____
4. Does the participant wear eyeglasses? Yes No Contact lenses? Yes No
5. Does the participant wear a medical alert bracelet, neck chain, or carry a medical alert card? Yes No
6. Please indicate if the participant has experienced any medical conditions that may impact their participation in this activity. Examples include:
epilepsy, diabetes, orthopaedic problems, deaf, hard of hearing, asthma, 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 provide details where relevant.

7. Has the participant previously been diagnosed with a concussion? Yes No If yes, how many times? _____
8. When was the last diagnosis (month/day/year) _____
9. Has the participant been cleared to return to full participation in contact sports games/competitions from a doctor or nurse practitioner? Yes No

Should the participant sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Documentation for Medical Clearance" form. This form can be obtained from your school Principal.

In a situation when emergency medical or hospital services are required by the 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 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: _____

Student Accident Insurance Notice:

The Niagara Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental 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 at the beginning of, and throughout, the school year. Please refer to website www.insuremykids.com for more information.

Transportation Insurance Notice: The Niagara Catholic District School Board suggest all authorized volunteer drivers of students have a minimum of \$1,000,000 third party liability insurance coverage. Furthermore, for the protection of the participant against a minimally insured third party, the Niagara Catholic District School Board recommends that the participant’s parent or legal guardian strongly consider obtaining the appropriate insurance on their own vehicle in order that the participant be covered as passengers in the vehicle of the trip-driver.

Elements of Risk Notice:

A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can always be reduced by carefully following instructions while engaged in the activity. Niagara Catholic attempts to manage, as effectively as possible the risk involved for students while participating in school athletics. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to a concussion or paralysis or prove to be life-threatening. Some activities that have the potential for more serious consequences are: alpine skiing, snowboarding, cheerleading (acrobatic), tackle football, rugby, field lacrosse, gymnastics, ice hockey, swimming, rowing, track and field events: high jump, shot-put, javelin, discus, pole vault, steeplechase and wrestling. 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 following is a link to the Ontario Physical Activity Safety Standards in Education (OPASSE) website where safety standards pertaining to sport and physical activity can be found: <https://safety.ophea.net/>.

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement/Certification of Accurate Information:

I have discussed the signs, symptoms and management of a concussion with the participant based on [Rowan's Law Concussion Awareness Resources](#).

(Initials of Parent/Guardian _____)

I/We have read and understand the notices of Accident Insurance and Elements of Risk. (Initials of Parent/Guardian _____)

I/We give permission for the participant to try out for/ participate on the _____ sports team

I/We hereby acknowledge and accept the risk inherent in the requested activity, and assume responsibility for the participant for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian: _____

Date: _____

Signature of Student Participant: _____

Date: _____

Freedom of Information Notice

The information provided on this form is collected pursuant to the Board’s education responsibilities as set out in the Education Act and its regulations. This information is protected under the Municipal Freedom of Information and Protection of Privacy Act. Any questions with respect to this information should be directed to your school principal.