Student Athlete Information & Permission

Schools require that every student participating in an interscholastic athletic activity completes and returns this form to school prior to such participation (including tryouts and practices).* ***All information requested must be provided. If you are unsure about any information requested, or if you require further details regarding any aspect of this package, please contact your school directly.***

Student Name _____ **School** _____

Date: _____
MM/DD/YYYY

A. **INFORMED CONSENT REGARDING ATHLETICS PARTICIPATION**

* If the student is under the age of 18, this form must be completed by the parent / guardian.

Sport / Activity _____
☐ Parent / Guardian check to approve activity if student is under the age of 18.

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RISK OF INJURY

Participation in athletic activities involves an inherent risk of injury, including possible serious injury. Injury may result from the student athlete's own actions and/or the actions or inactions of others. Injury may occur without fault or negligence on the part of any student, school employee, or other person. The risks and possible injuries may include the following:

- fractures, sprains, strains;
- trips, falls;
- head injury (including concussion^), neck injury, spinal injury;
- exposure to adverse weather conditions; and/or
- injury during vehicular travel.

^ Concussions
Information on concussions, including Return to Learn and Return to Play documents can be found at: sssaa. com/concussions. It is essential for the student's safety that any injury that results in the student experiencing signs or symptoms of concussion be promptly reported to the coach or school. This is to support the student through the concussion protocol.

The risk of injuries may be reduced by the student abiding by applicable rules, carefully following instructions, and maintaining a level of fitness suitable for the activity.

Schools do not provide accidental death, disability, dismemberment, or medical expense insurance on behalf of students. Ifyouwish to obtaininsurance, you may purchase coverage through Reliable Life at 1-800-463-KIDS (5437) or online at insuremykids.com

MEDICAL TREATMENT

Medical treatment in the event of a medical emergency requires authorization and it is important to ensure the contact information provided is current, as it will be used to reach parent(s) / guardian(s) as soon as reasonably possible.

Please note: Permission and authorization will be granted on page 4 with the required signatures.

CODE OF CONDUCT

All sports activities are subject to rules and regulations regarding behavioural expectations for participants. These can be found in the Superior Secondary Schools Athletic Association (SSSAA) Constitution. A violation of the stated rules, regulations, or standards may result in action against the student that may include, if appropriate, suspension from a subsequent game or games or even prohibition from further participation.

The school's Code of Conduct and the SSSAA Constitution applies to students participating in sports activities on and off site.

It is mandatory that all coaches take an appropriate amount of time prior to the start of the season to review the SSSAA Constitution and to clarify the code of conduct with their student athletes.

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.

It is your duty to promote fair play between your own teammates and to appreciate what your opponents do well.

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.

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 offiicial 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.

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:

- foul language;
- physical and verbal abuse of players;
- comments relating to ethnic or religious origin; and/or,
- negative comments - of any kind - directed towards teammates, opponents, or officials.

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.

Being a team member requires a commitment to your teammates, your coach(es) and your school. You are expected to fulfill this commitment throughout the entire season.

A student athlete must agree to be tobacco/non-prescription drug/alcohol free within the team environment.

SSSAA complies with Ontario Federation of School Athletic Associations (OFSAA) transfer policies for interscholstic activities. Every student who has transferred from another school within the previous twelve (12) months is ineligible for competition unless he or she appeals and is deemed eligible under the OFSAA Transfer Policy.

PUBLICATION

Event results containing student-athlete names and photographs may be published on SSSAA website, social media or in the local online or print media.

EARLY EXCUSAL & TRANSPORTATION

1. The student named to participate in the sport(s) / activity(ies) listed also requires authorization for his or her early excusal from school on the days when required.

2. When a student travels to the activity using transportation that has not been arranged by the school, such student will not be under the supervision of the school or SSSAA during the period between excusal and reporting to the coach at the sport/activity location as well as after the activity has ended.

Please note: Permission and authorization will be granted on page 4 with the required signatures.

B. **MEDICAL INFORMATION**

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

Student Name _____ School _____

Home Address _____ Date of Birth _____ MM/DD/YYYY

City / Town _____

Postal Code _____ Telephone _____

EMERGENCY CONTACT NUMBERS

1st Contact		**2nd Contact**		3rd Contact	
Home		**Home**		Home	
Cell		**Cell**		Cell	
Work		**Work**		Work	

Has the student athlete received a tetanus shot within the last 10 years? ☐ **YES** ☐ **NO**

Does the student have a prevalent medical condition requiring a Medical Management Plan? ☐ **YES** ☐ **NO**

If yes, please indicate:
- ☐ Diabetes
- ☐ Anaphylaxis
- ☐ Asthma
- ☐ Epilepsy
- ☐ O ther: _____

Are there other medical conditions that may affect participation? If yes, please indicate: _____ ☐ YES ☐ NO

Is the student self-medicating? ☐ YES ☐ NO

If yes, please indicate:
- ☐ **Diabetes I Insulin**
- ☐ **Asthma I Inhaler**
- ☐ **Anaphylaxis I Auto Injector (EpiPen)**
- ☐ **Other** _____

Parent(s)/Guardian(s)/Student(s) must ensure all medications are current and, in the case of auto injectors and inhalers, functional. Please ensure the school has the most current information on file for the student athlete.

Please note: Permission and authorization will be granted on page 4 with the required signatures.

C. **PERMISSION**

By my/our signatures below, I/We hereby confirm I/We have read and authorize permission for participation as stated in:

A. **INFORMED CONSENT REGARDING ATHLETICS PARTICIPATION** in the **ACTIVITIES/SPORTS** listed on page 1.

RISK OF INJURY/CONCUSSION AWARENESS

☐ I/We acknowledge that with participation in sport(s)/activity(ies) comes the risk of injury. I/We understand that a concussion protocol will be adhered to.

EMERGENCY MEDICAL TREATMENT

☐ I/We authorize medical treatment in the event of a medical emergency and understand that the contact information we provide will be used to reach us as soon as reasonably possible.

CODE OF CONDUCT

☐ I/We have read the Code of Conduct expectations and accept them as stated.

EARLY EXCUSAL & TRANSPORTATION

☐ I/We authorize Early Excusal and the student athlete's travel to and from sport activities in accordance with Part A.

PUBLICATION

☐ I/We acknowledge that event results containing student-athlete names and photographs may be published on SSSAA website, social media or in the local online or print media.

B **STUDENT ATHLETE MEDICAL INFORMATION**

Medication

Any medication being carried by the student shall be monitored by the school trip supervisor. If the supervisor is to be responsible for the administration of medication, then the standard form used in schools must be completed.

☐ 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 school and medical officials have been unable to contact the parent(s)/guardian(s).

D. **SIGNATURES**

Student Athlete Signature	Date
Parent / Guardian Signature	Parent / Guardian Name
Parent / Guardian Signature	Parent / Guardian Name

Co-Curricular Coordinator Signature	Date
Principal Signature	Date