

# Regiopolis-Notre Dame Catholic High School -- Athletic Participation Form

Principal Ms. Terri Daniel

545-1902

130 Russell St. Kingston, K7K 2E9

This form is to be completed on behalf of a student who wishes to participate in interschool sport and returned to the teacher-coach prior to the first practice or tryout.

Note to Parents/Guardian: An annual medical examination is recommended

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Family Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (ex month/date/year) Year in School (circle) 1 / 2 / 3 / 4 / 5  
Street Address \_\_\_\_\_ Town \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Year of Entry into High School \_\_\_\_\_ Year of Entry into RND \_\_\_\_\_  
Parent/Guardian #1: First Name \_\_\_\_\_ Family Name \_\_\_\_\_  
Day/Work Phone # \_\_\_\_\_  
Parent/Guardian #2: First Name \_\_\_\_\_ Family Name \_\_\_\_\_  
Day/Work Phone # \_\_\_\_\_

## MEDICAL INFORMATION

- Student Health Card # \_\_\_\_\_ Student Physician \_\_\_\_\_
- Date of last complete medical examination: \_\_\_\_\_
- Date of last tetanus immunization: \_\_\_\_\_
- Is your son/daughter/ward allergic to any drugs, food or medication/other? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, provide details: \_\_\_\_\_
- Does your son/daughter/ward take any prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes provide details: \_\_\_\_\_
- What medication(s) should the participant have on hand during the sport activity? \_\_\_\_\_
- Who should administer the medication? \_\_\_\_\_
- Does your son/daughter/ward wear a medical alert bracelet \_\_\_\_\_, neck chain \_\_\_\_\_, or carry an alert card \_\_\_\_\_
- If yes, please specify what is written on it: \_\_\_\_\_
- Does your son/daughter/ward wear eyeglasses? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your son/daughter/ward wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_
- Indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details:
- Epilepsy, diabetes, orthopedic problems, deaf/hard of hearing, asthma, allergies; \_\_\_\_\_
- Head or back conditions or injuries; (in the last two years) \_\_\_\_\_
- Arthritis or rheumatism, chronic nosebleeds; dizziness; fainting; headaches; \_\_\_\_\_
- Hernia; swollen, hyper mobile or painful joint; trick or lock knee; \_\_\_\_\_
- Any other medical information that will limit participation? \_\_\_\_\_

Should your son/daughter/ward sustain an injury or contact an illness requiring medical attention during the competitive season, notify the RND teacher-coach and complete the "Request to Resume Athletic Participation Form, if applicable.

## MEDICAL SERVICES AUTHORIZATION (optional)

In case of emergency medical or hospital services being 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 to administer medical and/or surgical services including anesthesia and drugs, I understand that any cost will be my responsibility.

## STUDENT ACCIDENT INSURANCE NOTICE

The Algonquin Lakeshore District Catholic 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 and guardians at the beginning and throughout the school year.

## INTERNET AND SCHOOL WEB SITE NOTICE

Students of Regiopolis-Notre Dame who participate in the extracurricular sports program may have their picture or name added to the school web site. This site resides on a computer server of the Algonquin Lakeshore Catholic District School Board, and is monitored and

maintained by teachers and students at Regiopolis-Notre Dame. Your signature below acts as consent to permit your son/daughter/ward name or picture to be used within the school web site.

**TRANSPORTATION INSURANCE NOTICE**

It is the policy of Regiopolis-Notre Dame to use public carriers to transport our students to and from Kingston Area Secondary School games / events where possible. However, this may not always be the situation.

Consent to Drive as Volunteer Driver --- Consent to Ride with a Volunteer Driver

- a) Consent in Writing has been given by the parents/guardians.
- b) Students will travel directly to an event and directly back to the school.
- c) The vehicle to be used is covered for at least \$1 000 000 of public liability insurance.
- d) The vehicles owner's personal automobile insurance provides primary protection against liability claims.
- e) The Board's Non-Owned automobile rider provides excess coverage (to \$10 000 000) to protect the parent/guardian/volunteer or student.
- f) All laws concerning the safe operation of a motor vehicle are expected to be obeyed.

Kingston area secondary schools include the following schools; Ernestown Secondary School, Holy Cross Catholic Secondary School, Bayridge Secondary School, Frontenac Secondary School, Sydenham High School, Loyalist Collegiate Vocational Institute, Kingston Collegiate Vocational Institute, Queen Elizabeth Collegiate Vocational Institute, Ecole Secondaire Marie Riveir, Lasalle Secondary School.

- Your signature below acts as consent to permit your son/daughter/ward to drive/be driven to games and events at the schools mentioned above.

In the case of tournaments, games and events held outside the local athletic association (outside of Kingston Area Schools) a separate consent form, specific to that tournament, game or event must be read and signed by a parent/guardian.

**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. The Algonquin Lakeshore Catholic District School Board attempts to manage as effectively as possible the risk involved for students while participating in school athletics. A copy of the Risk Management Policy for interschool sports is available in the school should you require more information.

(complete the form below and forward the entire form to the supervising Regiopolis-Notre Dame teacher-coach)

**ACKNOWLEDGMENT OF RISKS/REQUESTS TO PARTICIPATE/INFORMED CONSENT AGREEMENT**

I/We have read and understand the notices of accident insurance, transportation insurance, web site usage and elements of risk.

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

I/We request my son/daughter/ward to participate on the \_\_\_\_\_ sport/team during the \_\_\_\_\_ school year.

I/We agree that the Algonquin Lakeshore Catholic District School Board or its employees, servants or agents shall not be liable for any injury to my son/daughter/ward or loss or damage to personal property arising from, or in any way resulting from participation in the above listed activities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ 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 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 Interscholar Athletics. Any questions with respect to this information should be directed to your school principal.