

Secondary – Curricular/Intramural/Interschool Athletics
APPENDIX A – SECONDARY INTERSCHOOL REQUEST TO PARTICIPATE FORM
SECONDARY INTERSCHOOL REQUEST TO PARTICIPATE FORM

This form is to be completed on behalf of a student who wishes to participate in interschool sports and returned to the coach teacher prior to the students' first practice.

STUDENT NAME SCHOOL
HOME ADDRESS POSTAL CODE
HOME PHONE #
PARENT/GUARDIAN WORK PHONE #
STUDENT'S PHYSICIAN PHONE #
EMERGENCY CONTACT NAME PHONE #

NOTE An annual medical examination is recommended.

MEDICAL INFORMATION

- 1. Date of last complete medical examination:
2. Date of last tetanus immunization:
3. Is your son/daughter/ward allergic to any drugs, foods or medication/other?
4. Does your son/daughter/ward take any prescription drugs?
5. What medication(s) should the participant have on hand during the sport activity?
6. Does your son/daughter/ward wear a medical alert bracelet, neck chain or carry a medical alert card?
7. Does your son/daughter/ward wear eyeglasses? contact lenses?
8. Please 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 past two years); arthritis or rheumatism, chronic nosebleeds; dizziness; fainting; headaches; hernia; swollen, hyper mobile or painful joints, trick or lock knee:
Any other medical information that will limit participation?

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APPENDIX A – SECONDARY INTERSCHOOL ATHLETIC FORM (continued)

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

10. 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 and/or hospital to administer medical and/or surgical services including anesthesia and drugs. I understand that any cost will be my responsibility.  
  
SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT ACCIDENT INSURANCE NOTICE**

Dufferin-Peel Catholic D.S.B. 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 at the beginning and throughout the school year.

**TRANSPORTATION INSURANCE NOTICE**

*For any Interschool activity that involves off school participation see GAP Excursion Policy 801 for appropriate permission forms required.*

**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: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, track and field - field events: high jump shot-put, water polo, and wrestling. By choosing to participate in the activity, 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 Dufferin-Peel Catholic D.S.B. attempts to manage as effectively as possible the risk involved for students while participating in school athletics.

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

I/We have read and understand the notices of accident insurance, transportation insurance 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 \_\_\_\_\_ team during the \_\_\_\_\_.  
(Sport) (School Year)

I/We agree that Dufferin Peel Catholic D.S.B. 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 \_\_\_\_\_

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E.2., as amended. This information will be used for purposes of planning and administering Physical Education programs for students and providing health and safety services in the event of an emergency. Questions regarding the collection of personal information are to be directed to the School Principal.