

## Parent Sport Risk Consent Form

### Elementary/Secondary Interschool and Intramural Athletic Participation Form

***This form must be completed and returned to the teacher or coach prior to participation in the described activity***

Athlete's Name \_\_\_\_\_

Athletic Activity \_\_\_\_\_

#### 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 nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head (**Concussions**), neck or back. Some injuries can lead to paralysis or prove to be life-threatening. 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 sampling of activities that have the potential for more serious consequences: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, football, gymnastics, ice hockey, ringette (ice), swimming, and wrestling. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The St. Clair Catholic District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

#### Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I / We have read and understand the notice of Elements of Risk. \_\_\_\_ (initials of Parent/Guardian)

I / We give permission for my son/daughter/ward to try out/participate on the \_\_\_\_\_ team during the \_\_\_\_\_ school year.

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

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

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

#### Freedom of Information Notice

The information provided on this form is collected pursuant to the school 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*, and will be utilized only for the purposes related to the Board's policy on Concussion. Any questions with respect to this information should be directed to your school principal.

Reproduced and adapted with permission from Ophea, *Ontario Physical Education Safety Guidelines, Appendix A – Elementary/Secondary Interschool Athletic Participation Form, 2012.*