



## Saunders Secondary School Athletic Participation Form

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

|                      |                           |
|----------------------|---------------------------|
| Athlete Name         | Physician Name            |
| Home Address         | Physician Phone #         |
| Home Phone #         | Emergency Contact Name    |
| Parent/Guardian Name | Emergency Contact Phone # |
| Work Phone #         |                           |

Please list any medical concerns that we should be aware of. Attach a separate piece of paper where necessary.

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### **Athlete Accident Insurance Notice:**

The Thames Valley District School Board does not provide any accidental death, dismemberment/medical/dental, disability 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.

**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. Injuries as a result of participation in an activity can occur without fault on either the part of the athlete, or the school board and its employees or agents, or the facility where the activity is taking place. An athlete choosing to participate in the activity assumes the risk of injury. The chances of injury can be reduced by carefully following the instructions at all times when engaged in the activity. The Thames Valley District School Board attempts to manage, as effectively as possible, the risk involved for athletes while participating in school athletics.

**Acknowledgement of Risks/Request to Participate/Informed Consent Agreement:**

I/We have read and understand the notices of Athlete Accident Insurance and Elements of Risk. I/We give permission for my son/daughter/ward to try out for 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 Athlete \_\_\_\_\_ 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