

**ATHLETIC PARTICIPATION INFORMATION AND PARENTAL CONSENT FORM**

**ROSS SHEPPARD HIGH SCHOOL**

**COMPETITIVE FOOTBALL: SPRING CAMP 2008 THRU PLAYOFFS 2008**

**To Parent(s) or Guardian(s)**

Please carefully read the contents of this consent form before signing it. Clarify any concerns with the teacher-leader or principal before signing. If this consent form is not signed and returned prior to participation, your child **WILL NOT BE ALLOWED TO PARTICIPATE**. A current physical examination is recommended prior to participation each year.

**2008 Football Dates and Times**

Dates are: Jr Spring Camp, May 12-16; Sr Spring Camp May 26-June 7; Fall, Main Camp and Playoffs, August 25 through November 22. Practice days are Monday through Friday (4:00-6:00 pm) and possibly noon hours. Parents will be advised in advance of any tournament or field trip not mentioned in this consent form.

**Method of Transportation**

In season transportation to games will include the following

- bus charter (Cunningham Bus Lines for in city games) and/or school van as needed

**List of Play Dates Travel Plans Where Students May Find Own Transportation**

- M.E. Lazerte Senior Tournament @ M.E. Lazerte (either Saturday, August 30/08 or Saturday, Sept 6/08)
- M.E. Lazerte Junior Tournament @ M.E. Lazerte (either Saturday, September 6/08 or Saturday, Sept 13/08)

**Cost to the Student**

- Student participation fee: **Sr. Fall Camp - \$40.00      Season Cost: Junior/Senior - \$250.00**

For Sr Fall Camp.fees include:

- mouth guard, practice jersey and equipment use (cost of these items will not be reimbursed)

For Jr/Sr Season Fees

Two payments are required \$125 at equipment sign out, \$125 post-dated for Oct 1/08

- t-shirt (\$15) (given at spring camp or the start of fall camp); equipment usage (\$50)
- game jersey & socks (\$110), girdle (\$35), 2 Sr. season passes (\$20), helmet decals (\$15), tape as required
- year end team highlight DVD (\$15), banquet (\$30)

If your son/daughter chooses not to play or is not selected to play for one of the teams \$210 will be refunded, (less spring/fall camp fees); \$250 will be refunded if Spring/Fall Camp fees are paid).

**Once selected to a team, there will be no refunds.**

**\*\*\* Please contact the coach if alternate payment arrangements are required\*\*\***

(School equipment is issued to the student for participation. It is the student's responsibility and must be returned promptly upon request. Reimbursement will be expected for loss or destruction beyond ordinary wear and tear)

**Description of Supervision**

- Teacher-leader(s): Brian Buchynski (HC Sr.), Colin Hackett (HC Jr.) Coaches: J. Tobert, R. Paulitsch, B. Buchynski, M. Buchynski, B. Der, J. Tachynski, C. Harker, Kris Fedun, M. Bilassy, J. Hrycun, B. O'Brien, F. Olsen,
- **The following information must be available for every student:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Alberta Health Care # \_\_\_\_\_

(please print)

Emergency Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical condition(s) worth noting (please provide medical documentation if possible):

\_\_\_\_\_  
\_\_\_\_\_

List of Medications/Medi-Alert necklace (bracelet) if applicable: \_\_\_\_\_

**Description of the Supervision (continued)**

- Emergency procedures to be followed in the event of injury, illness, or unusual circumstances  
In the event of an injury or illness, a response by supervisory staff will include the following:
  - assessment of the situation and provision of first aid as necessary
  - decision to involve emergency response teams (paramedics, etc.)
  - contact with parent/guardian/emergency contact (when possible)

**Consent and Authorization**

**Important: Parents/guardians. The following sections contain important information. Please read them carefully and ensure that you understand them completely.**

**Notice of Risk**

Some forms of athletic competition involve rigorous physical contact among students, the use of equipment which may result in accidents, strenuous physical exertion, and other exposures to risk injury. Students will be instructed in the proper techniques to be used in practice and competition and the proper use of equipment and facilities. However, you are advised that instruction, precaution and proper equipment may not prevent some accidents resulting in serious, traumatic injury.

**Changes to Itinerary and Associated Costs**

I understand that the athletic participation will follow the description as set out above as closely as possible.

I also understand that contingencies can arise that necessitate sudden changes to activities and destinations.

**I agree that the supervisors of the athletic participation have full authority to make decisions related to team schedules and travel without obtaining my further consent.**

**Discipline**

I understand that my child must obey the rules established by the school and the team supervisors.

**I agree that if my child breaches the rules he or she will be consequenceed.**

**Illness and Injury**

I hereby give my consent for the above student to represent his/her school in interschool athletics. I also give my consent for him/her to accompany the team as a member on its out-of-town trips. I fully understand that injuries can occur during an athletic participation. If I cannot be reached in the event of an emergency, I also give consent and authorize the school to obtain through physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. **I agree that if illness or injury necessitates the expenditure of money for special travel arrangements or any other reason deemed necessary by the supervisors, I will be responsible for all of those costs.**

**Accident Insurance**

I understand that although the school district insures its staff for legal liability, it does not carry accident insurance for my child.

**I agree that I will purchase accident insurance for my child if I wish to have such insurance.**

**Medical Coverage**

**I agree to purchase additional medical coverage for my child if the travel is out of province.**

**Consent**

I have read and understood all of the above.

I have obtained any additional information I feel I need in order to satisfy myself that I want my child to participate in competitive football.

**I consent to the participation of my child named below in Ross Sheppard Football.**

**I also consent to my child’s participation in all activities associated with competitive football except as I have specified below:**

\_\_\_\_\_  
\_\_\_\_\_

Student’s Name (please print) \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

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