

**ATHLETIC PARTICIPATION INFORMATION AND PARENTAL CONSENT FORM**

**ROSS SHEPPARD HIGH SCHOOL**

**COMPETITIVE FOOTBALL: SPRING CAMP 2009 THRU PLAYOFFS 2009**

**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.

**2009 Football Dates and Times**

Dates are: Jr Spring Camp, May 25-29; Junior Main Camp and Playoffs, September 2 through November 13. 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 Must Find Own Transportation**

- Don Guy Memorial Jr Jamboree @ M.E. Lazerte (Saturday, September 12/09)

**Cost to the Student**

- Student participation fee: **Jr. Spring Camp - \$35.00      Season Cost: Junior: \$150**

- For

For Jr Season Fees (\$185 less \$35 if they attended spring camp)

Two payments are required \$125 at equipment sign out, \$60 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 (\$10), girdle (\$20), 2 Sr. season passes (\$14), helmet decals (\$15), tape as required
- year end team highlight DVD (\$10), banquet (\$40)

If your son/daughter **chooses not to play or is not selected** to play for one of the teams \$150 will be refunded, (less spring/fall camp fees).

**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, Nathan Naykalyk, Doug Smith, J. Tachynski, C. Harker, Kris Fedun, M. Bilassy, J. Hrycun, K. Jeske
- **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. **Note:** In the event of a possible serious injury, the athletic trainer will call for an ambulance.

**Please check your personal medical coverage to ensure that it will cover transportation costs.**

**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 consequencesd.**

**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 \_\_\_\_\_

**Consent Form for Posting Student's Personal Information to  
Ross Sheppard Football Website and Football Program 2009-2010**

By signing this document, I/we consent to the disclosure of personal information about

\_\_\_\_\_ (name of student)

,by posting it to the **Ross Sheppard Football Website** and in the **Football Program** distributed at each junior and senior football game. This consent only applies to the items below that I/we have **initialled**:

\_\_\_\_\_ Photograph of your son/daughter including name, grade, ht, and wt and Jr High School attended

\_\_\_\_\_ Group and team photographs including your son/daughter

\_\_\_\_\_ Awards, scholarships received by your son/daughter

\_\_\_\_\_ Participation of your son/daughter in any extracurricular activities

\_\_\_\_\_ Child's full name in newsletter posted on school website

I/we are aware that by giving this consent, I/we are permitting personal information about (name of player) ( ) to be posted to the Ross Sheppard Football Website and in the **Football Program**, which can be viewed by anyone who accesses the **Ross Sheppard Football Website or Football Program**, and that if consent were withheld, this posting would not occur. Posting will include the student's full name, grade, height and weight. I/we further understand that this consent is valid for one year and may be withdrawn by me/us at any time, upon written notice. In the event that consent is withdrawn, I/we understand that the information about \_\_\_\_\_ will be removed from the website and the football program.  
I/we have given this consent voluntarily.

\_\_\_\_\_ (name of student)

Signed at \_\_\_\_\_ **PLACE OF SIGNATURE** \_\_\_\_\_ on \_\_\_\_\_ **.DATE**

***a) For students under 16 years of age: signature of parent (or legal guardian)***

Signature of Parent or Legal Guardian\*

Witness

***b) For students aged 16 or 17 during the school year: signature of both student and parent (or legal guardian)***

Signature of Student

Witness

Signature of Parent or Legal Guardian\*

Witness

***c) For students 18 years of age or over: signature of student***

Signature of Student

Witness