

École Boundary Elementary School

750 East 26th Street, North Vancouver, B.C. V7K 1A4 Ph: 604.903.3260 Fax: 604.903.3261 Callback: 604.903.3264 www.boundaryelementary.ca

September 27th, 2022

Dear Parents:

Re: Boundary Basketball Teams

Boundary's Basketball program is starting.

Grade 7 boys will play their games on Monday afternoons, and the grade 7 girls will play their games on Tuesday afternoons. The grade 7 boys' team will be coached by Argyle Leadership students and sponsored by Ms. Halliday. The Grade 7 girls' team will be coached by Argyle Leadership students and sponsored by Ms. Dale.

The schedule and coaches are as follows:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
12:00	Girl's Practice			Boy's Practice	
3:15 - 4:30 (games) 3:05-4:00 (practice)	Boys' Games Grade 7 only	Girls' Games Grade 7 only	Boy's Practice	Girl's Practice	

Game schedule: Locations to be determined

Boys Oct 12th, 17th, 24th, Nov 2nd

Girls Oct 11th. 18th, 25th, Nov 1st

Note: there may be other practices called on "as needed" basis.

There are a number of expectations that each student must follow:

- each player must keep up with class assignments
- behaviour, consistent with the Boundary Code of Conduct, is expected at both home/away games
- each player must have a note from his/her parent if a practice or game is missed
- consistent attendance and effort during practices are required
- appropriate footwear is required in order to minimize the risk of injury to the players.
- be picked up promptly from games and practices

Coaches will hand out game schedules once the schedule has been completed. Permission slips are enclosed. All forms must be filled in and returned before players can participate in games.

Parents are responsible for finding transportation to and from the away games for their child.

All team members must come to all games in uniform. Uniforms are to be worn only in games.

Coaches, parents, students and spectators all must adhere to the NVEAA Fair Play Code which can be found at www.boundaryelementary.ca > Programs and Services > Athletics.

For more information regarding basketball please go to the École Boundary Elementary School website at boundaryelementary.ca.

Please note that teachers volunteer their personal time to make this, and all athletic programs, possible.

Yours truly,

Elementary Athletics

Informed Consent

This is an important notice. Please have it translated For: BASKETBALL

Dear Parents/Guardians:

The written, informed consent of parents is required for participation in all elementary school athletic programs. The intent here is to provide for the safety of participants and to inform students and parents of the inherent risks of the program. The schedule of events will be sent out at a later date.

ATHLETIC/EDUCATIONAL PURPOSE(S):

The purpose of this program is to provide an opportunity to develop skills in a sport to a higher degree than may be possible in the physical education program, to increase school spirit, to encourage team play and to foster good sportsmanship.

ATHLETIC SEASON:

The **Basketball** season extends from September through the end of November. A schedule of specific dates and locations on the North Shore will be sent out at a later date.

TRANSPORTATION:

Transportation to and from activities is the parents' responsibility

LEVEL OF SUPERVISION:

All supervision of students in this program is direct supervision. Direct supervision is defined as the time students spend with the sponsors, coaches and volunteers involved in the program, including during transportation and coaching.

COACHES, SPONSORS(S) AND CHAPERONE(S):

<u>Name</u>	<u>Position</u>	Phone Number(s)	Email:
Ms. Dale	Sponsor	604-903-3260	ndale@sd44.ca
Ms. Halliday	Sponsor	604-903-3260	ehalliday@sd44.ca

Argyle Leadership Students:

Boys: TBA Girls: TBA

Student dismissal from venues will be the responsibility of the coach/sponsor who will ensure that all participants are released to the direct supervision of an adult (e.g. parent driver).

RISKS AND CONSEQUENCES:

There is a degree of risk in all sports activities. The risk is increased to varying degrees when students are away from the safety of the school setting. It is impossible to itemize every possible element of risk associated with a sporting activity. This sporting activity may include, but not be limited to the following inherent risks, and all risks associated with:

- travel
- the nature of sport (i.e. rolled ankles, joint / head injuries, loosened teeth, bruises and abrasions, fractures, and other bodily injuries)

CONTINGENCY PLANNING:

Students have been briefed on the risks involved in this activity and on appropriate precautions to be taken. Students will be required to sign a *Student Awareness of Risk and Responsibility Form* in order to indicate a full understanding of the expectations, risks, safety precautions and responsibilities associated with this activity, before being permitted to participate.

Other safety precautions:

- A cell phone will accompany the coach/sponsor, whenever an event takes place at a venue other than a school.
- A basic first aid kit will accompany the coach/sponsor, whenever an event takes place at a venue other than a school.

ACCIDENT/LIABILITY INSURANCE:

Parents are responsible for the provision of individual student Accident Insurance for their child if desired. Individual student Accident Insurance can be obtained from www.iapkidsplus.com.

For more information regarding basketball please go to the École Boundary Elementary School website at *boundaryelementary.ca*.

Sincerely,		
Tim MacLeod		

Return this Informed Consent Approval to School

Classroom	Teacher	
Classroom	Teacher	

ELEMENTARY ATHLETICS INFORMED CONSENT APPROVAL

PARENTAL PERMISSION

programs. The intent here is to prov	ide for the safety of partic	cipation in all elementary school athletic ipants and to inform students and parents ent, students will not participate in this
information that pertains to my child	d's participation in BASKE	, have read the Informed Consent TBALL. I am aware of the risks inherent in I has my informed consent to participate.
Parent/Guardian Signature	Date	
Printed Name of Parent/Guardian		

Please Complete the attached Medical Form.

NORTH VANCOUVER SCHOOL DISTRICT

Classroom Teacher _____

Elementary Athletic Programs Student Awareness of Risk and Responsibility Form

Boundary has arranged an after-school Basketball program for students in grade 6 and 7.

I understand that programs of this type may expose me to elements of risk. The risks and responsibilities, as outlined below, have been fully explained to me by a School Board employee, Mrs. Dale.

Risks:

- Accidents may occur when traveling to and from venues in private vehicles.
- Physical injury (e.g. rolled ankles, joint/head injuries, loosened teeth, bruises and abrasions, fractures, and other bodily injuries) may occur when participating in an athletic program.

Responsibilities:

- My behavior will be consistent with the Boundary Code of Conduct.
- My behavior will be consistent with the NVEAA Fair Play Code.
- I accept full responsibility for my actions that will be thoughtful and reflect common sense, during transportation and at all venues, before, during and after events.
- I will attend practices and events as outlined by my coach.
- When traveling to and from venues I will conduct myself in a polite and quiet manner and keep my seatbelt on and buckled up.
- I will stay on the site at which the event takes place and will follow specified dismissal procedures.
- I will follow the safety precautions specific to the activity as outlined by my coach.

I have been made aware of the possible risks and consequences related to this athletic program. I freely agree to participate in the program and act in a safe and responsible manner according to School District *Policy 302: Student Conduct*, my school's Code of Conduct and the NVEAA Fair Play Code.

Date
School Board Employee Signature

Elementary Athletics Medical Form

Classroom Teacher

Name of Student: _____ Grade: M/F: Birth Date (DDMMYY): _____ Care Card Personal Health No. _____ Dr. Phone: _____ Family Doctor: _____ Name of Parent/Guardian: Address: ______Postal Code: _____ Phone (Home) _____ (Vork) ____ (Cell) ____ Please note any health condition (e.g. asthma, fainting, headaches, seizures, etc), physical handicap, emotional difficulty, behaviour problem, or other factors that may limit full participation in this program Has the student had a previous injury that would require special first aid treatment should another injury occur? The student has received the regular immunization program administered in BC for: Diphtheria: Pertussis & Tetanus DPT; Tetanus and Diphtheria (TD); Polio; Measles, Mumps and Rubella (MMR) Yes No (circle). If no, please explain Yes No (circle) Does the student wear Contact Lenses: **Alternate Emergency Contacts:** Name: _____ Phone: _____ Phone: _____ Name: _____ In case of emergency, I hereby give permission to the physician selected by the supervisor(s) to provide necessary treatment for my child. Parent/Guardian Signature _____ Date: _____

THIS INFORMATION WILL BE KEPT ON FILE

Printed Name of Parent/Guardian _____

You will not be required to fill this form out for any other sport played in the 2022/2023 school year.