



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

March 24, 2015

TRACK AND FIELD 2014-2015;

We are excited to be starting our Track and Field season here at Boundary. All intermediate students will be participating in Track and Field on a variety Tuesday and Thursday afternoons as part of the Track and Field component of the Physical Education curriculum.

If your child is planning to participate in district-wide Track and Field events this year, there are a few important dates to be aware of (please see below). The following meets are all **qualification meets** and therefore are **mandatory** if your child wishes to compete. Students are not required to participate in district-wide Track and Field events.

If your child would like to compete this year, please make sure that there are no conflicts in your schedule for the following dates;

Field Qualification: Tuesday, May 12th from 3:30 – 5:15pm.

(shot put, long jump and high jump)

Location for Grade 4/5 Students: École Boundary Elementary.

Location for Grade 6/7 Students: Ross Road Elementary.

Track Qualification: Wednesday, May 20th from 8:00 – 12:00pm.

(triple jump, sprints, distance and relays)

Location for all Track participants is Handsworth Secondary School.

Swanguard: If your child qualifies for Swanguard in any event they will be participating on **Tuesday, June 2nd** during school hours (8:15 – 3:30PM).

Thank you,

Laura Hall & Mia Mavor

Please check the Boundary website for all up-to-date Track and Field information.

PLEASE RETURN ALL FORMS TO THE OFFICE.



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Elementary Extra-Curricular Athletics Informed Consent

For: **TRACK & FIELD 2014-2015**

March 24, 2015

Dear Parents/Guardians:

The written, informed consent of parent/guardians is required for participation in all elementary school extra-curricular athletic programs. The intent here is to provide for the safety of participants and to inform students and parents/guardians of the inherent risks of the program. The schedule of practice times is attached and a list of events will be sent home once it has been finalized.

EXTRA-CURRICULAR ATHLETICS PURPOSE(S):

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

ATHLETIC SEASON:

The **Track & Field** season extends from April through June. A variety of practice and qualification meets take place throughout the season, with the District Elementary Track & Field Meet taking place at Swangard Stadium in Burnaby on Tuesday, June 2, 2015. Season details will also be posted to our website at www.boundaryelementary.ca.

COACHES, SPONSORS(S) AND CHAPERONE(S): A large number of staff are assisting with the running of the Track and Field season. Both general and specific inquiries can be directed to Mr. MacLeod.

<u>Name</u>	<u>M/F</u>	<u>Position</u>	<u>Phone Number(s)</u>	<u>Email address</u>
Mr. Tim MacLeod	M	Principal/Sponsor	604-903-3260	tmacleod@sd44.ca

SUPERVISION:

All students will be directly supervised through the duration of this program. This is defined as the time students spend with the sponsors, coaches and volunteers involved in the program, including transportation.

TRANSPORTATION:

Transportation to and from activities must be provided by parents and arranged ahead of activities outside of École Boundary School by students and their families. Transportation of students by private vehicles shall be in accordance

with Board Policy 607: Transportation of Students and School District Transportation Procedures. All field trip transportation is subject to the regulation and law of the relevant municipal, provincial, federal or international jurisdiction.

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). **Please note that competitors and/or the parent driver must always check in with a coach/sponsor prior to a student leaving a track and field meet.**

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 to and from the event venue(s)
- The nature of sport (i.e., rolled ankles, joint / head injuries, loosened teeth, bruises and abrasions, fractures, and other bodily injuries)

EMERGENCY 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:

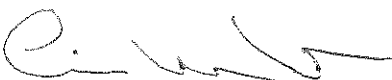
- A cell phone will accompany the coach/sponsor whenever an event takes place at a venue other than a school.
- A basic first aid kit will accompany the coach/sponsor whenever an event takes place at a venue other than a school.
- The coach/sponsor will have immediate access to the student medical forms completed by the parent/guardian.
- Student Emergency Procedure Plans/medical supplies will be brought for students with life-threatening medical conditions (e.g., anaphylaxis).

In the event of student injury, parent/guardians will be notified. For all incidents involving injury, supervising school personnel will record details of the incident and, as soon as is practicable, complete an *Incident Report* submission.

ACCIDENT/LIABILITY INSURANCE:

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

Sincerely,



Tim MacLeod, Principal

Return this Informed Consent Approval to School

ELEMENTARY EXTRA-CURRICULAR ATHLETICS
INFORMED CONSENT APPROVAL

PARENT/GUARDIAN PERMISSION

The written, informed consent of parents/guardians is required for participation in all elementary school extra-curricular athletic programs. The intent here is to provide for the safety of participants and to inform students and parents/guardians of the inherent risks of the program. Without this signed consent, students will not participate in this program.

PARENT/GUARDIAN CONSENT

I, _____ (parent/guardian) of _____, have read the
Print Parent/Guardian's Name Print Student's Name
Informed Consent information that pertains to my child's participation in the 2015 North Vancouver Elementary Track & Field Program. I am aware of the risks inherent in this athletic program and my signature indicates that my child has my informed consent to participate. I have completed and submitted a medical form for my child.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Student Awareness of Risk and Responsibility Form

École Boundary Elementary School has arranged an after-school Track & Field program for students in grades 4 through 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: a member of the École Boundary School teaching staff.

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 **École Boundary Elementary School** Code of Conduct.
- My behavior will be consistent with the NVEAA Fair Play Code.
- I accept full responsibility for my actions, which 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.

Signature of Student

Date

Printed Name of Student

School Board Employee Signature

Note: In addition to the Student Awareness of Risk and Responsibility Form, a written informed consent signed by the parent/guardian is required for student participation in this activity

**THIS FORM AND MEDICAL RELEASE MUST BE SUBMITTED TO
THE OFFICE.**

Elementary Athletics Medical Form

Name of Student: _____ Grade: _____ ☐ Male ☐ Female

School: _____

BC Care Card No. _____ Birth Date (d-m-y): _____

Family Doctor: _____ Doctor Phone: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Phone: (Home): _____ (Work): _____ (Cell): _____

Please note any health condition (e.g., asthma, fainting, headaches, severe allergies/anaphylaxis, 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

If No, please explain:

Does the student wear Contact Lenses: ☐ Yes ☐ No

Alternate Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

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: _____ Printed Name of Parent/Guardian: _____

Date: _____ Phone: _____

THIS INFORMATION WILL BE KEPT ON FILE