



École Boundary Elementary School

750 East 26th Street, North Vancouver, B.C. V7K 1A4
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www.boundaryelementary.ca

October 2014

Dear Parents:

Re: Boundary Basketball Teams

Boundary's Basketball program is starting. We have 2 teams participating in semi-formal league play. Boys will play their games on Monday afternoons, and girls will play their games on Tuesday afternoons. We have a Grade 7 girls' team coached by Argyle Leadership students and sponsored by Ms. Dale, Mlle. Hall, Mme. Owens and Mr. MacLeod.

The schedule and coaches are as follows:

Time	Monday	Tuesday	Wednesday	Thursday
8:00				
12:00		Girls' Practice		Boys' Practice
3:15 – 4:45 (games)	Boys' Games	Girls' Games	Boys' Practice	Girls' Practice
3:15-4:15 (practice)	Boys' Practice	Girls' Practice		

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 and 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.

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.

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

Yours truly,

Tim MacLeod

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>	<u>Phone Number(s)</u>	<u>Email:</u>
Ms. Dale	Sponsor	604-903-3260	ndale@sd44.bc.ca
Mlle. Hall	Sponsor	604-903-3260	lhall@sd44.bc.ca
Mme. Owens	Sponsor	604-903-3260	sowens @sd44.bc.ca
Mr. MacLeod	Sponsor	604-903-3260	tmacleod@sd44.bc.ca

Argyle Leadership Students:

Boys: Troy Townsend, Brian Madill and MattiasWels-Lopez

Girls: Megan Palmer and Isa Nafissi

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

ELEMENTARY ATHLETICS INFORMED CONSENT APPROVAL

PARENTAL PERMISSION

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. Without this signed consent, students will not participate in this field trip.

I, _____ (parent/guardian) of _____, have read the Informed Consent information that pertains to my child's participation in BASKETBALL. I am aware of the risks inherent in this athletic program and my signature indicates that my child has my informed consent to participate.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Please fill in Medical Form on back of this consent form.

NORTH VANCOUVER SCHOOL DISTRICT

Elementary Athletic Programs Student Awareness of Risk and Responsibility Form

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

Signature of Student

Date

Printed Name of Student

School Board Employee Signature

Elementary Athletics Medical Form

Name of Student: _____ Grade: ____ M/F: ____

School: _____

Care Card Personal Health No. _____ Birth Date (DDMMYY): _____

Family Doctor: _____ Dr. Phone: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Phone (Home) _____ (Work) _____ (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 _____

Does the student wear Contact Lenses: Yes No (circle)

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 _____ Date: _____

Printed Name of Parent/Guardian _____

THIS INFORMATION WILL BE KEPT ON FILE