

**This is an important notice.
Please have it translated.**

École Boundary Elementary School
750 East 26th Street, North Vancouver, B.C., V7K 1A4
Ph: 604-903-3260, Fax: 604-903-3261
www.boundaryelementary.ca

Elementary Extra-Curricular Athletics Informed Consent

For: **CROSS COUNTRY**
2022-2023

Dear Parents/Guardians:

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. The schedule of events is attached/will be published when 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 Cross-Country season runs in September and October. We will be holding cross-country running practices twice a week. Often the practices will take the athletes off the school grounds for extended runs around the neighbourhood. Students will practice Wednesday from 3:05 to 3:40 and Friday mornings from 8:05 to 8:40 am. Please meet on back field. There will be one District meet this year on Thursday, October 20, at Loutet Park. A full schedule of practice dates and times will be posted on the school's website.

TRANSPORTATION:

Transportation to and from activities will be the responsibility of parents.

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).

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>M/F</u>	<u>Position</u>	<u>Phone Number(s)</u>	<u>Email address</u>
Ms. Chorney-Wilson	M-F	Teacher	604-903-3260	achorney-wilson@sd44.ca
Mr. Tony King	M-F	EA	604-903-3260	tking@sd44.ca
Ms. Ilona Wardas	M-F	Admin	604-903-3260	iwardas@sd44.ca
Mr. Tim MacLeod	M-F	Admin	604-903-3260	tmacleod@sd44.ca

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)

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.
- 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, parents/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.

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

Sincerely,

Tim MacLeod
Principal

Return this Informed Consent Approval to School

ELEMENTARY EXTRA-CURRICULAR ATHLETICS
INFORMED CONSENT APPROVAL
Cross Country 2022-2023

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 Cross Country. 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

NORTH VANCOUVER SCHOOL DISTRICT

Elementary Athletic Programs Student Awareness of Risk and Responsibility Form Cross-Country 2022-2023

Boundary has arranged an after-school Cross Country program for the students in grade 4 -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 employees, Ms. Chorney-Wilson and Mr. King.

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

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