**DELVIEW SECONDARY ATHLETICS**

***TO BE HANDED IN WITH YOUR ATHLETIC FEE TO MR. LAUBMAN OR MRS. GOLTZ***

|  |  |  |  |
| --- | --- | --- | --- |
| Sport: | Level: 8 / 9 / JR / SR | Current Grade: | Team Athletic Fee: $ |

1. **PERSONAL INFORMATION**:

|  |
| --- |
| Student Name:  |
| Home Address: |
| Home Phone: | Cellular Phone: |
| Birthdate: | BC Care Card Number: |
| Emergency Contact Name: | Emergency Contact Number: |
| Year Student Entered Grade 8: | Previous School (if transferring): |

**II. STUDENT DECLARATION:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print) have read Delview Secondary’s Athletic Code of Conduct and Eligibility to Compete criteria and hereby agree to abide by all its rules and regulations. The document is accessible at <https://dl.deltasd.bc.ca/wp-content/uploads/sites/33/2021/07/DL-Agenda-2021-22-Custom-Pages-.pdf> and http://delviewraiders.weebly.com/codes-of-conduct.html

|  |  |
| --- | --- |
| **Student** Signature: | Date: |

**III. PARENT/GUARDIAN CONSENT:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print) have read Delview Secondary’s Athletic Code of Conduct and Eligibility to Compete criteria with my son/daughter and hereby agree that my child should abide by all its rules and regulations. I consent to my child (named above) participating in athletics for the current playing season.

|  |  |
| --- | --- |
| **Parent** Signature: | Date: |

**IV. WAIVER OF LIABILITY**

Athletic activities are inherently dangerous. Accidents can happen and risks of serious injury do exist. Your signature below indicates that you have read the Delview Athletics Handbook, that you have been advised that there is a risk of injury that could occur during any sports activity, and that, by signing this form, you give permission for your son/daughter to participate in the sports activity, and will not hold the Delta School District, school board, coaches, officials, volunteers, parents, students, or any other Delta School District employees and agents liable for any and all costs, claims, awards, judgments, or attorney fees for damages arising out of or in any way resulting from or brought by voluntary participation in these sports activities.

|  |  |
| --- | --- |
| **Parent** Signature: | Date: |

**V. TRANSPORTATION**

Please initial below in what ways you, the parent, give permission for your son/daughter to travel with their team. It is the obligation of the parent to inform your child of your expectations around their travel to games. The coach will assist in monitoring.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent’s Car: | Athlete’s Car: | Other Parent: | Other Student: | Teacher’s Car: | Taxi Cab: |

I acknowledge that I am a Volunteer Driver for this sport season and have read and understand the document “Student Transportation by Volunteer Drivers”. Document at https://drive.google.com/file/d/1k9qWhmWGwuSR89fYrQN796TPpK7uff-D/view

|  |  |
| --- | --- |
| Volunteer Driver Signature: | Date: |

**DELVIEW ATHLETICS MEDICAL FORM**

This form will be kept on file in the athletics office and with your son or daughter’s respective coach. Please contact the Athletic Director and coach if there are any changes in your son or daughter’s medical information throughout the season of play. It is recommended that you consult with your family physician in order to determine whether or not your child is fit to participate in sports or contact sports.

|  |  |  |
| --- | --- | --- |
| Name: | Grade: | Date of Birth (DD-MMM-YY) |
| Current Address: | City: |
| Postal Code: | Current Home Phone Number: |
| Mother’s Name: | Father’s Name: |
| Mother’s Contact Number (after 3pm): | Father’s Contact Number (after 3pm): |
| Student’s BC Care Card Number: |

**Critical Medical Info for Coach:**

|  |
| --- |
| Is your child currently taking medication, including asthma medications? (please list) |
| Does your child have any allergies? (med, foods, pollen, etc.) (please list)  |

Please circle yes or no for the following questions:

* Has your child ever passed out during exercise? Y / N
* Has your child ever been dizzy during exercise? Y / N
* Has your child ever had chest pains? Y / N
* Has your child ever had high blood pressure? Y / N
* Has your child ever been told he or she has a heart murmur? Y / N
* Has your child ever had a head injury / concussion? Y / N
* Has your child ever lost consciousness? Y / N
* Has your child ever had a seizure? Y / N
* Has your child ever had a stinger, burner or pinched nerve? Y / N
* Has your child ever had heat cramps? Y / N
* Does your child use special pads or braces? Y / N

|  |
| --- |
| Please explain any “yes” answers here and any other concerns applicable: |

By signing below, you are confirming that you have read the Concussion Guidelines doc found at [Concussion Recognition Tool 5](https://drive.google.com/file/d/1hk2pAH6Z6ay283ppGJcOnExbGLCIhcmX/view?usp=sharing)

|  |  |
| --- | --- |
| Parent Signature: | Date: |

By signing below, you are confirming that your child is considered physically fit to participate in sport.

|  |  |
| --- | --- |
| Parent Signature: | Date: |