

STAHS Interschool Athletic Try-out/Participation Form 2021/2022

This form is to be completed on behalf of a student who wishes to participate in interschool sport and returned to the coach prior to participating in any activity.

Your child is being invited to participate in an extra-curricular sport representing St. Thomas Aquinas High School. NorWOSSA, the Kenora Catholic District School Board and St. Thomas Aquinas High School have set expectations of behaviour and deportment from the athletes participating in the athletic program. Athletes who exhibit unacceptable behaviour will be subject to discipline from the NorWOSSA league and/or the school administration.

Team Sport: _____

Name of student: _____ Home phone: _____

Address: _____ Postal code: _____

Date of birth: _____

Father/Guardian: _____ Work phone: _____

Mother/Guardian: _____ Work phone: _____

Emergency contact (If above not available)

Name: _____ Phone: _____

MEDICAL INFORMATION

Note to Parents/Guardians:

- 1. If your child has asthma, please see your physician prior to the season for an "Asthma Action Plan"*
- 2. If your child has had concussions, or chronic medical or physical conditions, we advise you to see your physician prior to the season.*

Name of family physician: _____ **Phone:** _____

1. Is your son/daughter allergic to any drugs, food or medication? Yes _____ No _____ If yes, provide details:

2. Is your son/daughter currently taking any medication or drugs for which a prescription is required? Yes _____ No _____ If yes, provide details: _____

3. Does your son/daughter wear glasses? Yes _____ No _____

4. Does your son/daughter wear a hearing aid? Yes _____ No _____

5. Does your son/daughter wear contact lenses? Yes _____ No _____

6. Does your son/daughter wear a medical alert bracelet or necklace? Yes _____ No _____

7. Has your son/daughter had or have now, head or back conditions or injuries (in the past two years) _____

8. Has your child been diagnosed with a concussion? Yes _____ No _____ If yes, has your son/daughter been cleared to participate by a physician? Yes _____ No _____

If a student suffers a concussion during the sport season, the "Return to Learn/Return to Physical Activity Form" must be completed by a physician before the student returns to intramural and interschool activities

9. Please indicate any other medical condition that will limit participation.

10. Has your son/daughter had or have now, any of the following?

Arthritis/Rheumatism	Yes	No	Diabetes	Yes	No
Asthma	Yes	No	Dislocating shoulder	Yes	No
Chronic nose bleeds	Yes	No	Dizziness	Yes	No
Epilepsy	Yes	No	Fainting	Yes	No
Headaches	Yes	No	Heart trouble	Yes	No
Skin condition	Yes	No	Stomach problems	Yes	No
'Trick' or lock knee	Yes	No	Sleep walking	Yes	No

Should your child sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic Participation Form"

Medical Services Authorization (optional):

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian _____ Date _____

Athlete Accident Insurance Notice:

The Kenora Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental insurance on behalf of the students participating in these competitive sports activities. For coverage of injuries, you are encouraged to consider the **Student Accident Insurance Plan** made available by the school to parents at the beginning and throughout the school year.

Elements of Risk notice:

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck and back. Some injuries can lead to paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the athlete, or the school board or its employees or agents, or the facility where the activity is taking place. Some activities that have the potential for more serious consequences are: alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, tackle football, gymnastics, ice hockey, lacrosse (field, box), mountain biking, rugby, swimming, track and field—field events: javelin, shot-put, discus, high jump, pole vault, triathlon, water polo, weightlifting and wrestling. An athlete choosing to participate in the activity assumes the risk of an injury. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Kenora Catholic District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement:

I/We have read and understand the notice of Athlete Accident Insurance. ____ (initials of parent/guardian)

I/We have read and understand the notice of Elements of Risk. ____ (initials of parent/guardian)

I/We give permission for my son/daughter to participate on the _____ team, which includes any trips the team may be participating in.

I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my/our son/daughter for personal health, medical, dental and accident insurance coverage.

I/We have read, and understand, what is expected of my son this season according to the team rules.

Signature of Parent/Guardian _____ Date _____

I have read and understand the statements in the Code of Conduct for Athletes and agree to conduct myself in a manner that demonstrates the established standards established in the Code of Conduct.

I have read, and understand, what is expected of me this season according to the team rules.

Name of Student (print) _____

Signature of Student _____ Date _____

Freedom of Information Notice:

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's policy on Risk Management for Interscholastic Athletics. Any questions with respect to this information should be directed to your school principal.