



St. Michael's School

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SPORTS TEAM PERMISSION FORM

To the Parent(s)/Guardian(s)

Please read the contents of this Consent and Acknowledgement of Risk Form. Clarify any questions or concerns with **Mr. Roder** BEFORE signing it.

Please sign and return this form to the school by **Nov. 23, 2023** in order for your child to participate.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: **Boys' / Girls' Basketball Season** Date(s): **November - February 2023**

PURPOSE OR EDUCATIONAL GOAL(S): To encourage team building and sports participation as well as the fundamental skills needed to play the sport of Basketball .

ITINERARY/ACTIVITIES: Practices will be in the morning from 7:45-8:30am, possibly lunch, and/or 3:10-4 pm

METHOD OF TRANSPORTATION: Parent Drivers (please arrange rides for your child)

LEAD TEACHER: Mr. Roder

TOTAL NO. OF SUPERVISORS PLANNED: 1

SUPERVISORY ARRANGEMENTS: Students will be supervised at all times during practices and games. Parents are responsible for the transportation of their child to and from games and tournaments.

COST TO STUDENT: None

WHAT TO BRING/WEAR: St. Michael's gym kit, team jersey, runners, nutritious snacks, water bottles

OTHER INFORMATION:

A calendar of practices and games will be sent home once the schedule is set. Students must ensure they keep up with homework and school work to be permitted to participate on a school sports team.

SCHOOL RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity and group
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

PLEASE RETURN THIS PAGE BY: (November 23,2023)

POTENTIAL KNOWN RISKS

Potential known risks include the following:

- Becoming lost or separated from the group or the group becoming split up;
- Injuries related to trips and falls;
- Injuries related to sports participation
- Allergic reactions to natural or food related substances; and
- Other risks normally associated with participation in the activity and environment

- Associated risks with sports participation including bruises, sprains, or fractures.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: **CISVA Basketball Season** Date(s): **November to February 2023**

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein.
8. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Michael's School, its officers, directors, employees and agents, and The Catholic Independent Schools of the Vancouver Archdiocese Vancouver (CISVA), its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and CISVA, its employees and agents and chaperons, or representative associated with the event for reasonable legal fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of CISVA/ School.

My child(ren) has my permission to participate in the **Basketball season in November to February 2023.**

Names _____ Grade _____

Name (please print): _____

Signature: _____ Date: _____

- YES! I would like to support this sport by (refereeing, coaching, etc) _____
- My availability is _____