



GDCI Athletics Tryout Form

The collection and retention of the information requested on this form is authorized and governed by the Ontario Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

To Parents/Guardians:

Your son or daughter has indicated a wish to participate on the _____ team. This form is to be completed prior to the first practice and is intended to inform you about the program and to seek your support and your permission for your child to try out, and if successful, participate as a team member.

Date: _____ Coach/Staff Supervisor: _____

Principal: Kendra Brohman

School: GDCI

Phone: 519-524-7353

If this form has already been filled out by a parent/guardian of this athlete for another sport, and there have been no changes to the information, please fill in the following, otherwise, please fill out the entire form and sign at the end.

I/we hereby give consent for my/our child, _____ to participate in the activity indicated above. There have been no changes to the form previously filled out.

Name of Parent/Guardian or adult student: _____ (Please print)

Signature of Parent/Guardian or adult student: _____ Date: _____

It is important that your child participate safely and comfortably in the interschool athletics program. In your child's best interests, we recommend the following:

- a) Student should have an annual medical examination.
- b) Student should bring emergency medication, e.g., asthma inhalers, to interschool activities and inform the coach/trainer of their location.
- c) Jewelry must be removed, if possible. Jewelry which cannot be removed and which presents a safety concern (e.g., medical alert/identification/religious requirement) must be taped.
- d) The wearing of an eyeglass strap and shatter-resistant/shatterproof lens, if your child wears glasses that cannot be removed during interschool activities.
- e) Attention to environmental concerns (e.g., protection from sun, hypothermia, dehydration, and frostbite).
- f) The use of a personal water bottle.
- g) In the event that the student uses personal or borrowed sports equipment, the student or parent/guardian (if the student is under the age of 18) is responsible for ensuring that the equipment is in good working order, fits properly, conforms with recognized safety standards, and has not been altered from its original condition.

A. Elements of Risk

The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck, or 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 part of the student, or the School Board or its employees or agents of the facility where the activity is taking place. By choosing to participate in these activities, students are assuming the risk of an injury. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The AMDSB attempts to manage as effectively as possible the risk involved for students while participating in school athletics.

The purchase of student accident insurance is strongly recommended for students participating in interschool athletics programs. The board offers the voluntary purchase of student accident insurance through Kids Plus Accident Insurance. Parents can purchase the insurance online at kidsplus.ca or an application form can be provided by the school.

B. Transportation, if applicable

The following transportation modes may be used for students trying out for/participating on the team:

- Bus
- Commercial Vehicle
- Public Transit
- Walking
- Parent Driver (approved by Principal)

C. Medical and Participant Information

You are urged to consult your family doctor prior to your son or daughter participating in interschool athletic activities. If your child has, or has had, any health problems that might affect his/her participation or safety, please provide details in writing below.

PARTICIPANT INFORMATION

Participant's Name:	Date of Birth:
Home Address:	Contact Number:
Postal Code:	Email:
Health Card Number:	Family Doctor: Phone:

CONCUSSION PROTOCOL

Has the player suffered a concussion in the past 6 months? Yes _____ No _____

If the answer is yes, then a doctor's note is required authorizing return to play. Attach to this form.

Has the player suffered a concussion at any other time? Yes _____ No _____ If yes, when? _____

Have they been cleared to participate in physical activity? Yes _____ No _____

Does your child suffer from asthma or breathing difficulties? Yes _____ No _____ Please describe.

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Dietary Restrictions: (please list any foods your child should NOT eat, eg. For medical or religious reasons).

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Allergies: (please list any allergies. If the reaction is severe, please specify).

Allergy	Type of Reaction	Usual Treatment

PARENTAL CONTACT

Mother/Guardian's Name:	Contact Number:	Father/Guardian's Name:	Contact Number:

Please provide at least three additional emergency names and contact numbers below:

Name: _____ Contact Number: _____

- 1.
- 2.
- 3.

D. Consent to Try Out/Participate - Please sign and return to the school prior to tryouts.

Is there any medical reason/information why your child should not participate in the activity which may lead him/her to require special attention?

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for our child/ward. I/we understand that any cost will be my/our responsibility.

I/we hereby give consent for my/our child, _____, to participate in the activity indicated above.

Name of Parent/Guardian or adult student: _____

(Please print)

Signature of Parent/Guardian or adult student: _____ Date: _____