

High School Division Athletics Consent Package (ASAA)

Athletic Season/Activity



School: _____

School Year: _____

Sport: _____

Risks

Due to the nature of team sports, the following risks or hazards are associated with this sport:

- Biohazard or Chemical Hazard - Biohazard Exposure, Chemical Exposure, Exposure to toxic substances, Lung Damage, Skin Burns or Wounds, or Other
- Cold Weather Hazards - Frost Bite, Hypothermia or Other
- Heat Related Hazards - Heat Exhaustion, Heat Stroke, Fainting, or other
- Electrical Hazards - Electrical Shock or Other
- Mental/Emotional Hazards - Emotional Distress, Mental Exhaustion
- Outdoor Hazards - Animal bites, trips, falls or slips or Other
- Physical Hazards (Minor) - Cuts or Lesions, Fainting, Falls or Slips, Knee Injury, Muscle Tear or Strain, Physical Exhaustion, Puncture Wounds, Shoulder Injury, Tennis Elbow, or Other
- Physical Hazards (Serious)- Asphyxia, Bone Fractures or Breaks, Choking, Concussion, Death, Eye Trauma,
- Hearing Loss or Damage, Heart Failure, Loss of Appendage, Lung Damage, Nerve Damage, Spinal & Neck Injuries or Other Sports Related Injury
- Water-Related Hazards - Drowning, Hypothermia, Lung-damage, or other

Other Hazards or Additional Information:

Dear Parents,

Included is a package of information for our athletic season. Please read through the information carefully, complete all sections and sign to provide your consent for your student to participate.

Thank you!

Demographic Information

Student Name: _____

Grade: _____

Age: _____

Home Phone Number: _____

Cell Number: _____

Street Address: _____

City : _____

Province: _____

Postal Code: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

Co-Curricular Behaviour Expectations/Code of Conduct

I have read my school's behaviour expectations/code of conduct for team members above and agree to their terms.

☐ Yes, I Agree

Medical Information

Parents are responsible to advise the Division of any medical or health concerns their child may have which may affect their participation in the activity or trip. If you would like to submit medical information, an Anaphylaxis Emergency Plan, or a Medication/Personal Care Request form to be included in your child's file, please contact the school directly.

Please select all that apply, if applicable. (Select all that apply)

- ☐ My child has a medical condition on file that the teacher should be aware of.
- ☐ My child has an Anaphylaxis Emergency Plan on file the teacher should be aware of.
- ☐ My child has a Medication/Personal Care Request Form on file that the teacher should be aware of.

Medical Waiver/Examination:

Due to the rigorous nature of school athletic activities, the school administration recommends that students undergo a medical examination prior to participation on competitive athletic teams.

Option A - Medical Waiver:

I consent to the participation of my son/daughter in the athletic activity named above but see no need for a medical examination at this time.

Option B - Medical Examination:

My son/daughter has received a medical examination, the results of which I have discussed with the physician named below. Considering the results of this examination, I consent to the participation of my child in the above name activity.

Please choose an Option:

- ☐ Option A: Medical Waiver
- ☐ Option B: Medical Examination

Physician Name:

Parent/Guardian Consent & Acknowledgement of Risk Forms

Acknowledgement of Risk and Consent of Parent or Guardian

The Lethbridge School Division will make every reasonable effort to ascertain that:

- a) The staff of the Division and/or (as applicable) the Service Provider involved in providing the activity are suitably trained and qualified.
- b) The students who undertake the program or activity will be adequately supervised.
- c) Any equipment used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.

- d) The location where the activity will take place is appropriate and safe.
- e) As applicable, the Service Provider has taken all reasonable steps to ensure that any domestic animal(s) involved in the activity are safe.

Consent & Acknowledgement of Risk

1. I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that information provided to me by the school or the Division to the extent that I require. I am not, in any way, relying solely upon information provided by the school or the Division respecting the nature and extent of the risks and hazards associated with the program or activity.
2. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
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 administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
4. In the event that my child fails to abide by the rules and regulations imposed on students while participating in the program or activities, disciplinary action may require that he/she not participate in the program or activity and/or that I will be contacted to have him/her picked up.
5. I also acknowledge that it is my responsibility to advise the Division of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.

Based on my understanding, acknowledgement and consents as described herein, I agree that my child has my permission to participate in this activity.

☐ **Yes, I Agree**

Parent/Guardian Acknowledgement of Risk Form

1. My child wishes to participate in the above-described activity (the "Activity"). I have read and understand the contents of the parent/guardian information letter, attached hereto, which sets out the details of the Activity, and I consent to and give permission for my child to participate in this program.
2. I hereby acknowledge and agree that educational activity programs, such as the Activity, involve elements of risk and that death, injuries, loss, or damage can occur to students while participating in these activities.
3. I further acknowledge and agree that death, injury, loss, or damage can occur without any fault of either the student, the school board, its trustees, employees, volunteers or agents. I hereby freely accept and assume all risks associated with the participation of my child in the Activity. In consideration for my child's voluntary participation in the Activity, I hereby waive any and all claims, expenses, demands, costs, suits, liabilities and causes of action against Lethbridge School Division, which may arise out of such injury, loss or damage and I release Lethbridge School Division from any liability in that regard. I understand that Lethbridge School Division will be responsible for injury, loss, or damage suffered by my child while participating in the Activity if such injury, loss or damage arises as a direct result of the negligence of Lethbridge School Division
4. I accept and agree that it is my child's responsibility to abide by all laws and obey all rules set out for this Activity. I agree that the supervisors of this trip may require my child to return home if a breach of those rules occurs and I agree to be responsible for and pay for all costs that may arise as a result.
5. In consideration for my child's voluntary participation in the Activity, I further agree to indemnify (which means to secure or protect against hurt, loss or damage and to reimburse for any loss sustained) and hold harmless (which means to assume the liability inherent in a situation, thereby relieving the other party of responsibility) Lethbridge School Division, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any act, neglect or default of myself or my child.
6. I acknowledge that it is my responsibility to advise Lethbridge School Division of any medical and/or health concerns which may affect my child's participation in the Activity.

7. I acknowledge and agree that a teacher chaperone may take any actions deemed necessary by the teacher chaperone for my child's health, safety and well-being, including the securing of medical treatment and transporting my child home (at my expense).

8. (Applicable only when travel outside Alberta is involved) I acknowledge that it is my responsibility to obtain any additional insurance (including but not limited to health care, trip cancellation, property or personal effects insurance, accidental death, disability or dismemberment or medical expense insurance) on behalf of my child.

9. I acknowledge and understand that Lethbridge School Division is unable to provide insurance coverage for death, injury, damage or medical expenses arising directly or indirectly, in whole or in part, out of terrorism or out of any activity or decision of a government agency or other entity to prevent, respond to or terminate terrorism. In consideration for my child's voluntary participation in the activity or program, I hereby waive any and all claims of every kind that I have or may have in the future and hereby release and hold harmless Lethbridge School Division and its trustees, employees, volunteers and agents from any liability for any death, bodily injury, property damage or personal injury to my child or myself that may arise, directly or indirectly, in whole or in part, on account of terrorism or decisions of a government agency or other entity to prevent, respond to or terminate terrorism, regardless of any other contributing or aggravating cause or event.

10. In consideration for my child's voluntary participation in the Activity, I further agree to hold harmless Lethbridge School Division, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any Act of God, strikes, or government restrictions, and for acts or omissions of any persons or agencies not directly controlled by the Division, including, without limitation, airlines, bus companies, railways, travel agencies, shipping companies, hotels or guides.

I hereby acknowledge that I have read and understand the foregoing and do hereby approve and consent to all of the above. I hereby give permission for my child to participate in the Activity.

☐ **Yes, I agree**

I confirm that my child has read and understands the above information.

☐ **Yes, I agree**

Information & Media Athletics Disclosure

As part of the normal operation of school athletics, player rosters are compiled consisting of players' names, position played, grade level, height and sometimes weight. Typically, this information is distributed to schools within the competing conference, schools hosting tournaments, and the various print, web and broadcast media (streaming). In addition, we enjoy and encourage an open relationship with the print, web and broadcast media in their endeavours of promoting and reporting on school athletics. For the purpose of league, exhibition or tournament play and the promotion and reporting of school athletics, it is considered important that the information disclosures listed below continue.

Student athletes:

- May be interviewed by the print/broadcast media.
- May be photographed/recorded or streamed by the print/broadcast media.
- Will have their roster information distributed to competing schools.
- May have their roster information (name, number, email, height, position, game statistics, individual statistics) shared with Hudl or another similar company providing tools for coaches and athletes to review game footage and improve team play.

This only applies to the disclosure of information in situations which are directly related to the student's involvement with school athletics. If you have concerns with any of these uses of information, please identify your concern, in writing to the appropriate team coach, athletic director or school principal.

I have read and understand the above Information & Media Disclosure.

☐ **Yes, I agree**

Alberta Schools Athletic Association (ASAA) Student/Guardian Acknowledgement Form (Grade 9-12 Only)

Completion required by student and parent/guardian in order to access ASAA competition.

ACKNOWLEDGMENT AND AGREEMENT (Student /Guardian)

WHEREAS the Alberta Schools' Athletic Association ("ASAA") is a voluntary, non-profit organization that has been established to coordinate a program of worthwhile athletic activities for the young people of Alberta in an educational setting;

AND WHEREAS the School is one of more than 400 member high schools which together ultimately determine the policy of the ASAA through representation on the Board of Governors of the ASAA;

AND WHEREAS the school is also a member of the South Alberta Schools' Athletic Association ("SASAA") which also has Bylaws, Rules and Policies which govern the participation of the school in athletic activities

AND WHEREAS it is not in the best interests of any of the student athletes who are served by the work of the ASAA and SASAA for them to spend resources responding to court applications brought by individual student athletes, their parents or guardians;

We, [Student and guardian], acknowledge and agree as follows:

1. We have had an opportunity to review the Bylaws and Policies of the ASAA and SASAA which are available for our review at: www.asaa.ca – www.southzone.org/index.html And in particular have read and understand the obligation of full and honest disclosure set out at page 27-28 of the policy handbook.
2. We will accept the outcome of any appeal process available through the ASAA or SASAA or any decision by them regarding any matter concerning me or any other athlete registered as a student at the School or any coach of a the School team as final and binding on us.
3. We acknowledge that any application for a review of any decision of, or an outcome of an appeal process of, the ASAA or SASAA by a Judge in a court of law must be brought by the administration of the School and not by us.
4. The School's Membership in the ASAA and SASAA is a privilege and not a right.
5. We, authorize the School to provide a copy of this document to the ASAA and SASAA to use or publish in any manner they see fit.

I have read and agree to the ASAA Student Guardian Acknowledgement above.

☐ **Yes, I Agree**

My child has also read, understands and agrees to the ASAA Student Guardian Acknowledgement above.

☐ **Yes, I agree**

I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge:

☐ **Yes, I Agree**

Notice: Any personal information collected by the Division pursuant to this form is collected under the authority of Alberta's Freedom of Information and Protection Act ("FOIP") and the School Act. Such information will be used in connection with the provision of the programs and activities referred to above and will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the collection of personal information, contact your school principal or the Department of Instructional Services.

Parent's Full Name (please print)

Parent Signature

Parent's Email Address *



607.1.7 Swimming Ability Form, Off-site Activities

Conditions: This form is filled out by the parent or guardian of the student and is returned to Teacher-In-Charge.

Parents/guardians are asked to complete the following information regarding the swimming ability of their son or daughter. Division staff and the Service Provider will use this information to best ensure the safety of the students during the program. Parents should be aware that Division policy states that swimming is only allowed in a lifeguard supervised pool or beach.

Student Name: _____ School: _____ Class: _____

Please check the appropriate space and provide comments if necessary.

Comfort level around the water:

- ☐ Not Comfortable
☐ Comfortable
☐ Very Comfortable

Swimming ability:

- ☐ Non-swimmer - cannot support themselves in deep water
☐ Novice - can support themselves in deep water and is capable of moving short distances <5m
☐ Intermediate - can support themselves in deep water for several minutes and can swim a length of the pool
☐ Advanced - can support themselves in the water and swim many lengths of the pool

Does your son/daughter have formal swim training:

- ☐ NO
☐ YES (complete below)

Red Cross (Old AquaQuest Program):

- | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 4 | <input type="checkbox"/> Level 5 | <input type="checkbox"/> Level 6 |
| <input type="checkbox"/> Level 7 | <input type="checkbox"/> Level 8 | <input type="checkbox"/> Level 9 | <input type="checkbox"/> Level 10 | <input type="checkbox"/> Level 11 | <input type="checkbox"/> Level 12 |

Red Cross (New Swim Kids Program):

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 4 | <input type="checkbox"/> Level 5 |
| <input type="checkbox"/> Level 6 | <input type="checkbox"/> Level 7 | <input type="checkbox"/> Level 8 | <input type="checkbox"/> Level 9 | <input type="checkbox"/> Level 10 |

Lifesaving Society-Swim for life (Ages 6 years and up):

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Swimmer 1 | <input type="checkbox"/> Swimmer 2 | <input type="checkbox"/> Swimmer 3 | <input type="checkbox"/> Swimmer 4 | <input type="checkbox"/> Swimmer 5 |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|

Lifesaving Society-Swim for life (Pre-School/Kindergarten under 6 years):

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Little Swimmer 1 | <input type="checkbox"/> Little Swimmer 2 | <input type="checkbox"/> Little Swimmer 3 | <input type="checkbox"/> Little Swimmer 4 | <input type="checkbox"/> Little Swimmer 5 |
|---|---|---|---|---|

Comments/other information:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Volunteer Driver Authorization Form (700.3.1)



Valid only for the current school year

This form is to authorize volunteer drivers for school trips and events for the **current school year**. Applications shall be approved only when the driver possesses a valid, appropriate driver's license. The principal may authorize the use of private vehicles to transport students if the information provided below indicates that the driver has a sufficiently safe driving record.

If this application is for the next school year, do not complete it until August 1 as all responses for the current school year are automatically archived on July 31.

School Year: 2024-2025

Applicant Information

Driver's Name:

Phone Number:

Driver's Current Address:

Driver's License Number:

Class of License:

Expiry Date:

Driver History

Has your driver's license been suspended in the last three years?

☐ **Yes**

If Yes, please provide date of reinstatement:

☐ **No**

Have you been convicted of an offence under the Traffic Safety Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years?

☐ **Yes**

If Yes, please identify the offence(s) here:

☐ **No**

Volunteer Driver Authorization Form (700.3.1)



Have you been involved in any accidents during the last three years?

☐ Yes

If Yes, please identify the offence(s) here:

☐ No

Vehicle & Insurance Information

Vehicle Year, Make & Model: i.e. 2013 Hyundai Tucson

Vehicle Capacity (Including Driver):

Vehicle Owner's Name:

Owner's Address:

-
1. The Board requires that the vehicle owner maintain, at all times, insurance in an amount of not less than \$1,000,000 in respect of liability or injury or death of any students who are passengers in the vehicle the volunteer driver is operating.
 2. In case of an insurance claim (i.e., third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies before that of the school Board.
 3. Additional automobile liability insurance protection is provided under the school Board's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity or function. This insurance is only for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
 4. Damage to any vehicle, including the owner's, is the responsibility of the volunteer driver and not the Board.
 5. The owner of the vehicle is expected to inform his/her insurance agent of the intention to use the vehicle and to act as a driver for Board activities, and to enquire whether a passenger endorsement is required to do this. As this driving is classified as occasional, most insurers do not require that a passenger endorsement be added to the policy or that additional premiums be paid.

Insurance Company Name:

Policy Number:

Insurance Agent:

Liability Limit:

Please attach a copy of your:

- ☐ Insurance pink slip.
- ☐ Valid Driver's License.

Volunteer Driver Authorization Form (700.3.1)



Commitments

By submitting this application to become an employee or volunteer driver for the Lethbridge School Division:

1. I undertake to ensure that the vehicle used to transport students is in safe operating condition.
2. I agree to operate the automobile referred to herein in a safe manner, to abide by all applicable laws at all times while I am transporting students, to limit the number of passengers to the number of seat belts which are useable, to use appropriate child safety seats as required, and to follow Transport Canada guidelines that recommend that children under the age of 12 should be seated in the back. I also agree to refrain from smoking while a student is in the vehicle and to comply with the directions of teachers or agents of the Lethbridge School Division.
3. I undertake to report to the school principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e., this school year). All student transportation will adhere to the Traffic Safety Act and Lethbridge School Division Transportation and Safety Maintenance Program.
4. I have advised the insurance company that I have applied to serve as an employee or volunteer driver and enquired whether a passenger endorsement is necessary. I undertake to maintain, at all times, personal liability and indemnity insurance equal to or greater than the Board minimal limit noted above.
5. I am aware that my name may be made available to parents of the students who I am driving.
6. I authorize Lethbridge School Division to conduct a random driver's abstract check at their expense.

I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge:

☐ **Yes**

☐ **No**

The personal information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act for the purpose of making a determination regarding the authorization of volunteer drivers. If you have any questions about this consent form, please contact your school principal.

Email Address:

Cell Phone Number:

Full Name:

Signature:

Parent Consent Form for Transportation of Students by Volunteer Drivers (700.3.2)



Lethbridge School Division policy permits the use of properly licensed volunteer drivers, as approved by the principal, to convey students to and from off-campus activities. On occasion, students are used as volunteer drivers.

Board policy requires that parental consent be obtained for a student to act as a volunteer driver and/or to be a passenger in a vehicle driven by a volunteer for school sponsored off-campus activities. Approval for student volunteer drivers shall be restricted to travel within city limits.

A Division employee is considered to be a volunteer driver if using his/her vehicle to transport students. All volunteer drivers must complete the required *700.3.1 Volunteer Driver Authorization Form*.

Parental approval may be given once to cover the full academic year.

Part I: To be completed for ALL students:

I, _____, agree that my son/daughter _____ may, for this academic year, travel to off-campus activities in a private vehicle with another parent, supervisor or Division employee.

☐ Yes ☐ No

Signature of Parent/Guardian/Independent Student

Date: _____

Part II: To be completed for HIGH SCHOOL students only:

I, _____, agree that my son/daughter _____ may, for this academic year,

1. Drive my/our vehicle to and from off-campus activities within city limits.

☐ Yes ☐ No

2. Transport fellow students to off-campus activities in my/our vehicle.

☐ Yes ☐ No

3. Travel to off-campus activities in a private vehicle with a fellow student who has the permission of their parent and approval of the school principal to act as a student volunteer driver.

☐ Yes ☐ No

Signature of Parent/Guardian/Independent Student

Date: _____