## Collingwood Neighbourhood School Parent/Guardian Athletics Consent Form 3417 Euclid Ave, Vancouver, BC, V5R 6H2 604 713 5340



Admin Signature:

OUR /

To the Parent(s)/Guardian(s) of: Collingwood Students Grade/Division: grades 1-3

The purpose of this form is to inform you about an opportunity for your child to participate in extracurricular sports and athletics. We seek your support and permission for your child to participate.

This is an important document. Please review the contents of this Consent and Acknowledgement of Risk form carefully prior to providing permission for your child to participate in this excursion. Clarify any questions or concerns with the Lead Teacher BEFORE signing it. The information provided in this form is collected in accordance with sections 26 (c), (d) and (e) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Should you have any questions about this collection, please email privacy@vsb.bc.ca If this form is not signed and returned to the school by Wednesday September 18<sup>th</sup> 2024, your child WILL NOT BE ALLOWED TO ATTEND.

## **PROGRAM/ACTIVITY INFORMATION**

Α	СТІ	/ΙΤΥ	DESC	RIPT	ION:
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We will be having a Collingwood Cross Country Team.

Students will be expected to:

- Attend all practices on Monday mornings from 8:15 am to 8:55 am
- Attend all mini meets at Trout Lake on October 3<sup>rd</sup>, 10<sup>th</sup>, and 17<sup>th</sup> from 3:30-4pm
- Attend the district cross country meet on October 22<sup>nd</sup> from 1-3pm

**Driving / transportation.** Select the appropriate box below. Please note if you are driving students (other than your own) you will need to complete a driver permission form—these forms are available at your school's office.

My child needs a ride to the events indicated on this form.

I am able to drive my child to the events indicated on this form.

I am able to drive my child along with other students to the events indicated on this form. If you are able to drive other students, please indicate the # of working seatbelts in the backseat of your vehicle:

 METHOD OF TRANSPORTATION:
 car

 LEAD TEACHER NAME:
 Adrian Burrus, Mily Phan, Jessica Chapelski
 LEAD TEACHER CONTACT:
 jchapelski@vsb.bc.ca

 TOTAL NO. OF SUPERVISORS:
 3 teachers plus others
 COST TO THE STUDENT:
 0

 WHAT TO BRING:
 water bottle, running shoes, athletic clothes
 6

OTHER CONSIDERATIONS AND BEHAVIOUR EXPECTATIONS:

Students are expected to:

- Attend and participate in all practices
- Stay with the group at meets
- Be respectful of the nature and neighbourhood at Trout Lake
- Be good sportspeople and treat other competitors with respect
- NEW THIS YEAR: 1-3 will only be receiving participation ribbons and students will run in mixed gender heats.

## POTENTIAL KNOWN RISKS AND SAFETY INFORMATION

The purpose of this section is to detail and reinforce with parents all potential known risks of participation in the activity indicated above and to ensure parents/guardians are providing informed consent. Safety issues and precautions which have been discussed with students should also be referred to. Students are expected to wear helmets for cycling, rollerblading, downhill skiing, snowboarding, skating, rock climbing, and white-water activities. Students are expected to wear a properly fitted Personal Flotation Device in or around the water when participating in water-based activities other than swimming.											
Additional Comments/Requirements:											
CONSENT AND ACKNOWLEDGEMENT OF RISK											
School Name:											
Destination/Activity/Program: Date(s):											
While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.											
In the event my child fails to abide by these rules and regulations, disciplinary action may require their exclusion from further participation, or that I be contacted to have them picked up, unless I have specified other transport arrangements.											
I acknowledge that the activity 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.											
I,(Name of parent/guardian) give permission for (Name of student) to participate in the activity described above. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.											
Date:Name (Please print):Signature:Signature:											
Parent/Guardian Contact Number:Email:Email:											
Can your child walk home alone?											
Parent/Guardian comments. In this box, please indicate any health concerns or previous injuries that may impact your child's ability to participate in the activities described in page 1 of this form.											
	Event Type			-	-						
Date	(practice, game, mini-meet, etc.)	<u>Start</u> Time	<u>Finish</u> <u>Time</u>	Meeting Location	Pickup Location	Additional Notes					
Monday September 23 <sup>rd</sup>	Practice	8:15 am	8:55 am	gym	N/A						
Tuesday October 1st	Practice	8:15 am	8:55 am	gym	N/A						
Thursday October 3 <sup>rd</sup>	Mini meet	3:30 pm	4:00 pm	Trout Lake by the south playground	Trout Lake by the south playground						
Monday October 7 <sup>th</sup>	Practice	8:15 am	8:55 am	Gym	N/A						
Thursday October 10 <sup>th</sup>	Mini meet	3:30 pm	4:00 pm	Trout Lake	Trout Lake						
Monday October 14 <sup>th</sup>	Practice	8:15 am	8:55 am	Gym	N/A						
Thursday October 17 <sup>th</sup>	Mini meet	3:30 pm	4:00 pm	Trout Lake	Trout Lake						
Monday October 21 <sup>st</sup>	Practice	8:15 am	8:55 am	Gym	N/A						
Tuesday October 22 <sup>nd</sup>	District Meet	1:00 pm	3:00 pm	Trout Lake	Trout Lake						