|  |  |  |  |
| --- | --- | --- | --- |
| **Name**: | | | |
| **Address**: | | | |
| **Birthdate**:  (yy/mm/dd) | **Age as of Jan 1:** | | **Gender:** |
| **Phone (H):** | | **Phone (W):** | |
| **Parent Names: EMAIL:** | | | |
| **If able please ✓ any of the following volunteer activities:**  **🞎 Referee 🞎 Administration (phone chains, tournaments, statistics) 🞎assistant coach 🞎 Team Manager Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

**Player Medical Information**

***Name Date of Birth: (yy/mm/dd)***

***Person to contact in case of emergency Phone Day Phone Evening Cell***

***Family Doctor Phone Provincial Medicare # (Optional)***

**Relevant Medical History:**

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this player carry and know how to administer his/her own medications? **Yes No**

Other Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Elements of risk of notice:**

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. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school district and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school district attempts to manage, as effectively as possible the risk involved for students while participating in school athletics.

**Student Accident Insurance Notice:**

**Anglophone School District – South** does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

***Turn Over***

**Transportation Insurance Notice:**

Parents or guardians who decide to transport or organize the transportation for their children are exempt from *Policy 513: Transportation to and from Off-Site School-Related Extra Curricular Activities.*

**Injury and Concussion Notice:**

Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach. You are to complete **Appendix B – Return to Physical Activity – Non-Concussion Medical Illnesses/Injuries**. Request this form from your son/daughter’s coach.

Should your son/daughter/ward sustain a head injury requiring medical attention during the competitive season, notify the coach. You are to complete **Appendix C-4 Documentation for a Diagnosed Concussion Return to Learn/Return to Physical Activity Plan.** Request this form from your son/daughter’s coach.

**Sudden Arrhythmia Death Syndrome (SADS)**

Refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people. Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians. Parents/guardians are to be provided with **Appendix M – Sudden Arrhythmia Death Syndrome (SADS)**, which contains information about SADS as well as a Documentation of a Fainting Episode Form. The student is not to participate in physical activity until cleared by a medical assessment and the Documentation of a Fainting Episode

Form is completed by parent/guardian and returned to the school administrator/designate. **Further information –** [www.sads.ca](http://www.sads.ca)

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

I have read and understand the notices of Elements of Risk. \_\_\_\_\_ (initials of Parent/Guardian)

I have read and understand the notices Accident Insurance \_\_\_\_\_\_ (initials of Parent/Guardian)

I request our son/daughter/ward to try out/participate on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ team during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year.

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

I hereby consent to the release of my son/daughter/ward’s name, player statistics (e.g., height, weight) where applicable for the purpose of game sheets, schedules, tournament programs and posting of the results in the media. \_\_\_\_\_ (initials of Parent/Guardian)

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank You,

Athletic Director, Mr. Shiels

david.shiels@nbed.nb.ca

***NOTE: Only authorized individuals will have access to this information***