

INTERSCHOOL ATHLETIC PROGRAM

Acknowledgement of Risk, Medical Authorization, Student Accident Insurance

Student Name: _____

Coach/ Teacher: _____

Sport: _____

ELEMENTS OF RISK NOTICE: Interschool Athletics:

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 board and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the Interschool Athletic 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 Halton District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

MEDICAL SERVICES AUTHORIZATION (Optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anaesthesia and drugs. I understand that any cost will be my responsibility.

Parent/Guardian Signature: _____ Date: _____

STUDENT ACCIDENT INSURANCE NOTICE:

The *Halton District School Board* does not provide any accidental death, disability, dismemberment/medical/dental expense insurance on behalf of the athletes participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year. *School/Board athlete procedure/expectation may be included here.*

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

I/We have read and understand the notices of Accident Insurance and Elements of Risk. ____ (initials of Parent/Guardian)

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

I/We give permission for my son/daughter/ward to try out/participate on the _____ team during the _____ school year.

Signature of _____
Parent/Guardian _____ Date _____