

**PARENTAL/GUARDIAN PERMISSION FORM FOR
IN-SCHOOL CO-CURRICULAR CLUBS/ATHLETIC ACTIVITIES**

Please Read Carefully

Student:

School:

Date of Birth:

Grade:

Address:

Phone Number(s):

Dear Parent(s) or Guardian(s):

Over the course of the school year, your child may be interested in joining an **in-school (co-curricular) activity or club** in one or more of the areas designated below ("Activity"). These are school sponsored activities and clubs that are not competitions against outside teams or groups. There are many physical, mental and social benefits to be gained through this participation. Your consent is required before your child will be allowed to participate. Your signature(s) on this form will indicate your approval.

If your child has, or has had, any previous or current health concerns which might affect their comfort or safety, would you please give full particulars in writing and telephone the organizing staff member to discuss the concerns. Please provide particulars.

By Signing this form you allow permissions for the below clubs, athletics and art based activities.

☐ Arts☐ Athletics☐ Clubs

I hereby give my consent for
(check each one).

to participate in the activities listed above

(Name of Student)

(Date)

(Signature of Parent/Guardian)

Assumption of Risk

You acknowledge that participation in the Activity involves inherent risks to your child, including the risk of personal injury or property damage. Such risks may include, but are not limited to, falls, collisions with other participants or objects, contact with equipment, overexertion or fatigue, exposure to indoor or outdoor environmental conditions, equipment failure or misuse, and emotional stress associated with participation. You understand that these risks may occur despite reasonable precautions, instruction, and supervision. By permitting your child to participate in the Activity, you acknowledge and assume the inherent risks associated with participation, including the risk of injury. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the Activity

The Durham District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of students participating in the Activity. Students planning to become involved in the Activity, at any time during the school year, are urged to have Student Accident Insurance.

Acknowledgement

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

(Date)

(Signature of Parent/Guardian)

(Signature of Student)

(For students under 18 years old)

**CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS
STUDENT ATHLETE & PARENT/GUARDIAN**

School Name:

School Year:

Student Name:

The Durham District School Board is committed to providing safe environments for students to participate in sport. This is a shared responsibility including DDSB, student athletes and their parent(s)/guardian(s). As participants in interschool sports, student athletes and parent(s)/guardian(s) must be committed to:

Maintaining a safe learning environment

- Bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- Ensure the protective equipment that parents/guardians provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all

- Follow the school board's fair play expectations and support it by demonstrating respect for all students, coaches, officials, and spectators.
- Demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- Not pressure participation in practices or games/competitions if injured.

Learning and following the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- Learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- Respect and accept the coach's enforcement of consequences during practices and competition regarding prohibited play.
- Respect and accept the decisions of officials and the consequences for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- Follow their coach's instructions about the proper progression of skills and strategies of the sport.
- Ask questions and seek clarity regarding skills and strategies which they are unsure.

Providing opportunities to discuss potential issues related to concussions

- Participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- Talk to the coach/caring adult if there are any concerns about a suspected or diagnosed concussion or about safety in general.

Concussion recognition and reporting

- Read and become familiar with an approved Concussion Awareness Resource (Ministry of Ontario) identified by the school board
 - Student Athlete Ages 10 and Under
[Government of Ontario Concussion Awareness Resource Ages 10 and Under](#)
 - Student Athlete Ages 11-14
[Government of Ontario Concussion Awareness Resource Ages 11-14](#)
 - Student Athlete Ages 15 and Up
[Government of Ontario Concussion Awareness Resource Ages 15 and Up](#)

- Remove the athlete immediately from the sport if they receive a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, and:
 - As a student athlete and parent/guardian, we are aware that if an athlete has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and report any results to appropriate school staff.
 - As a student athlete and parent/guardian, we are aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases athletes must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, inform the appropriate school staff and resume participation.
- If signs or symptoms emerge, medical assessment needs to be done by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and report the results to appropriate school staff.
- Inform the school principal, coach and/or other relevant school staff when a student athlete experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- Inform the school principal, coach and/or other relevant school staff any time a student athlete is diagnosed with a concussion by a medical doctor or nurse practitioner.
- Remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- Inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the importance of communication between the student, parent/guardian, school staff, and any sport organization with which the student has registered

- Communicate with the coach, school staff, and/or staff supervisor of all sport organizations with which the student athlete has registered about a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- Understand that if a student athlete has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- Understand that a student athlete must receive a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the Return to School Plan

- Follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

I have read and understand all pages of this code of conduct.

School Name (Print):

Date:

Student Signature:

Parent/Guardian Name (Print):

Date:

Parent/Guardian Signature: