



Extra-Curricular Permission & Acknowledgement of Elements of Risk Form

Student: _____ School: _____

Date of Birth: _____ Family Doctor: _____

Address: _____ Phone Number(s): _____

Ontario Health Card Number (Voluntary): _____

Dear Parent(s) or Guardian(s):

Your child has indicated an interest in a **school intramural activity** designated below. There are a great 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.

YOU ARE URGED TO CONSULT WITH YOUR FAMILY DOCTOR PRIOR TO YOUR CHILD PARTICIPATING IN INTRAMURAL ACTIVITIES.

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

ACTIVITY: _____ **TEACHER IN CHARGE:** _____

TENTATIVE SCHEDULE: _____

I hereby give my consent for _____ to participate in the activity listed above.
(Name of Student)

(Date) (Signature of Parent/Guardian)

Elements of Risk

Intramural programs may present various elements of risk, including increased risk of exposure to COVID-19. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participants must assume these risks.

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

Acknowledgement

We have read and understand these Elements of Risk:

(Date)

(Signature of Student) (Signature of Parent/Guardian)