



JR. & SR. HIGH INTERSCHOLASTIC ATHLETICS CONSENT FORM (DAY TRIPS WITHIN ALBERTA)

The Calgary Catholic School District in conjunction with the Junior High Activity Council / Senior High School Athletic Association provides an opportunity for students to try out and participate in interscholastic athletic activities involving the activity mentioned below.

This is to advise you that Madeleine d'Houet School's volleyball program intends to involve your son (the "student") in off-campus games and sport tournaments, the particulars of which are as follows:

TEAM	<u>Sr. Women's Basketball</u>
COACH (OR ARRANGED SUPERVISOR)	<u>Coach – Mr. Hidalgo</u> <u>Teacher Sponsor - Mme Jackson</u>
DATE(S)	<u>See schedule on http://mdhpe.weebly.com</u>
(Attach schedule if applicable)	<u>See attached schedule and/or school website (athletics) for games</u>
TIME(S)	<u>See schedule on http://mdhpe.weebly.com</u>
ASSOCIATED RISK(S)	<u>Those associated with basketball</u>
TRANSPORTATION PLANS	<u>Parents/students are responsible for ensuring they have a ride</u>
COSTS, IF ANY	<u>None</u>

If you will permit your son/daughter to participate in this sport, please sign and tear off the portion below and return it to the school/coach. You will be notified of any change to the dates and/or schedule if this should occur. Please note: No student will be allowed to participate in interscholastic athletics unless this form is signed and returned to the school prior to the first date of the activity. If you require additional information, please phone the school at: **403-500-2008**.

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CONSENT FOR JR. & SR. HIGH INTERSCHOLASTIC ATHLETICS PARTICIPATION

Having read, understood and signed the Field Trip Annual Consent Form and having read and understood the particulars of this specific *Jr. & Sr. High Interscholastic Athletics Consent Form*, I consent to my son/daughter _____ (student name) participating in basketball on the dates and/or according to the schedule provided.

All students in the District are covered by very basic accident insurance for school activities. Enhanced coverage is available and is recommended for students participating in athletic events. My son/daughter has *additional* coverage through (please check):

- a. _____ IA Pacific Life (Seaboard) Insurance (*enhanced coverage purchased*)
- b. _____ Other _____

By signing this form and permitting my son/daughter to participate in this/these Field Trip(s), I/we, as parent(s)/guardian(s) – both for myself/ourselves and on behalf of our son/daughter – acknowledge that we are aware of the risks associated with this/these Field Trip(s), and agree to release and hold harmless the Calgary Catholic School District, the School, and their respective agents, servants and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son's/daughter's participation in this/these above authorized Field Trip(s).

Date
 Form updated June 2002

(Print) Name of Parent

Signature of Custodial Parent/Guardian