



DELTA SCHOOL DISTRICT ATHLETICS

PLAYER REGISTRATION AND CONSENT FORM TO BE COMPLETED FOR EACH SPORT

Sport:	Level (gr 8, Jr, Sr):	Grade:
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Team Athletic Fee: \$ _____

I. PERSONAL INFORMATION:

Student Name:	
Home Address:	
Home Phone:	Cellular Phone:
Birthdate:	BC Care Card Number:
Emergency Contact Name:	Emergency Contact Number:
Year Student Entered Grade 8:	Previous School (if transferring):

II. STUDENT DECLARATION:

I _____ (please print) have read my school's Athletic Handbook (with particular attention to the sections regarding "Athletic Code" and "Eligibility Criteria") and hereby agree to abide by all its rules and regulations. The Athletic Handbook is available on the school's website under the Athletics tab.

Student Signature:	Date:
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III. PARENT/GUARDIAN CONSENT:

I _____ (please print) have read the Athletic Handbook of my child's school (with particular attention to the sections regarding "Athletic Code" and "Eligibility Criteria") and hereby agree that my child should abide by all its rules and regulations. I consent to my child (named above) participating in Athletics for the current playing year. The Athletic Handbook is available on the school's website under the Athletics tab.

Parent Signature:	Date:
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IV. WAIVER

Athletic activities are inherently dangerous. Accidents can happen and risks of serious injury do exist. Your signature below indicates that you have read the Athletic Handbook, that you have been advised that there is a risk of injury that could occur during any sports activity, and that, by signing this form, you give permission for your son/daughter to participate in the sports activity, and will not hold the Delta School District, school board, coaches, officials, volunteers, parents, students, or any other Delta School District employees and agents liable for any and all costs, claims, awards, judgments, or attorney fees for damages arising out of or in any way resulting from or brought by voluntary participation in these sports activities.

Parent Signature:	Date:
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V. TRANSPORTATION

Please initial below in what ways you give permission for your son/daughter to travel with their team. It is the obligation of the parent to inform your child of your expectations around their travel to games. The coach will assist in monitoring.

Parent's Car:	Athlete's Car:	Other Parent:	Other Student:	Teacher's Car:	Taxi Cab:
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I acknowledge that I am a Volunteer Driver for this sport season and have read and understand the document "Student Transportation by Volunteer Drivers" (Administrative Procedure 491). Document at web.deltasd.bc.ca

Volunteer Driver Signature:	Date:
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ATHLETICS MEDICAL FORM

This form will be kept on file in the athletics office and with your son or daughter's respective coach. Please contact the Athletic Director and coach if there are any changes in your son or daughter's medical information throughout the season of play. It is recommended that you consult with your family physician in order to determine whether or not your child is fit to participate in sports or contact sports.

Name:	Grade:	Date of Birth (DD-MMM-YY):
Current Address:		City:
Postal Code:		Current Home Phone Number:
Mother's Name:		Father's Name:
Mother's Contact Number (after 3pm):		Father's Contact Number (after 3pm):
Student's BC Care Card Number:		

Critical Medical Information for Coach:

Is your child currently taking medication, including asthma medications? (please list)
Does your child have any allergies? (medications, foods, pollen, etc.) (please list)

Please circle Yes or No for the following questions:

- Has your child ever passed out during exercise? Y / N
- Has your child ever been dizzy during exercise? Y / N
- Has your child ever had chest pains? Y / N
- Has your child ever had high blood pressure? Y / N
- Has your child ever been told he or she has a heart murmur? Y / N
- Has your child ever had a head injury/concussion? Y / N
- Has your child ever lost consciousness? Y / N
- Has your child ever had a seizure? Y / N
- Has your child ever had a stinger, burner or pinched nerve? Y / N
- Has your child ever had heat cramps? Y / N
- Does your child use special pads or braces? Y / N

Please explain any “Yes” answers here and any other concerns applicable: (use the back side if necessary):

By signing below, you are confirming that you have read the Concussion Guidelines document found on the school’s website under the Athletics tab.

Parent Signature:

Date:

By signing below, you are confirming that your child is considered physically fit to participate in sport.

Parent Signature:

Date: