



**2024 FALL CROSS COUNTRY/VOLLEYBALL/SOCCER
ATHLETICS PERMISSION**

PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK
FOR LOCAL LOW RISK OFF-SITE ACTIVITIES

To the Parent(s)/Guardian(s) of

<i>Name of Student</i>	<i>Grade</i>
------------------------	--------------

Please read the contents of this *Consent and Acknowledgement of Risk* form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

As mentioned in the Registration Package, we are implementing a \$10 athletic fee for each athlete per sport. This is to help the school cover the increasing cost of athletic fees with CISVA and other organizations that host events. The \$10, for all FALL ATHLETICS events, will come out of your account via EFT on (October 15th, 2024) if you have signed a permission form. If this fee is a hardship for your family then please contact the office to speak with Mr. Heah.

If this permission is not signed and returned to the school your child WILL NOT BE ALLOWED TO ATTEND.

Date Form Must be Returned by (yyyy/mm/dd)

SEPT 13, 2024

Program/Activity Information

<i>Destination/activity</i> PRACTICES AT CLOVERDALE CATHOLIC SCHOOL AND CISVA SCHOOL BUILDINGS, GYMS, FIELDS, PARISH CENTERS, EVENTS HELD AT CITY BUILDINGS	<i>Date(s) (yyyy/mm/dd)</i> SCHOOL DAYS SEPTEMBER-NOVEMBER 2024
<ul style="list-style-type: none"> <u>Grade 5 GIRLS Volleyball</u> Tuesdays (8-8:45am); Sept 17, 24, Oct 1, 8, 15, 22, 29, Nov 5 Thursdays (3-4:15pm); Sept 19, 26, Oct 3, 10, 17, 24, Nov 7 	<p><u>Please check all that apply for your athlete;</u></p> <ul style="list-style-type: none"> <u>Grades 5,6,7 BOYS Soccer</u> Mondays (noon); Thursdays Sept 19, 26, Oct 3, 10, 17, 24
<ul style="list-style-type: none"> <u>Grade 6 GIRLS Volleyball</u> Wednesdays (8-8:45am); Sept 18, 25, Oct 2, 9, 16, 30, Nov 6 Tuesdays (3-4:15pm); Sept 17, 24, Oct 1, 8, 15, 22, 29, Nov 5 	<ul style="list-style-type: none"> <u>Grade 7 GIRLS Volleyball</u> Tuesdays (noon); Fridays Sept 20 Oct 11, 18, 25, Nov 1
<ul style="list-style-type: none"> <u>Grade 2-7 Cross Country Running Practices</u> Tuesdays (3-3:45) Sept 10, 24, Oct 1 and Monday and Thursdays (8:15am) Sept 9, 12, 16, 19, 23, 26, Oct 30 	
OR Series of off-site activities (Specify program)	
TOURNAMENTS AND MULTI SCHOOL EVENTS HELD AT CITY BUILDINGS	
<i>Purpose or educational goal(s)</i>	
PROVIDE OPPORTUNITIES FOR STUDENTS TO SHOWCASE TEAMWORK AND/OR ATHLETIC SKILL	
<i>Itinerary/activities</i>	
PRACTICES AND GAMES	
<i>Method of transportation</i>	<i>By</i>
VEHICLE	ATHLETE'S PARENT
<i>Lead teacher</i>	<i>Total Number of Supervisors Planned</i>
MR. KLAPONSKI MR. HEAH MRS. GALINDO MS. MANUEL MR. GROSJEAN MRS. SCHNEIDER MRS. PISTRIN	LEAD TEACHER AND STAFF
<i>Supervisory arrangements</i>	
CCS STAFF	
<i>Cost to the student</i>	<i>What to bring</i>
NONE	

GYM STRIP, WATER BOTTLE, RUNNERS,
EQUIPMENT FOR SPECIFIC SPORT (CLEATS,
SHIN/KNEE PADS)

Other consideration

Board Responsibilities

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over the program/activity.
- c. The location(s) used are appropriate for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

Potential Known Risks

Potential known risks include the following

INJURIES INVOLVED WITH FALLING FROM STANDING OR SITTING POSITIONS, INJURIES INVOLVED WITH TRANSPORTATION IN VEHICLES TO AND FROM EVENTS, INJURIES INVOLVED WITH THE ACTIVITY OF Cross-Country, VOLLEYBALL and SOCCER.

Consent and Acknowledgement of Risk

1. I acknowledge my right to obtain as much information as I require about this program or activity(ies) and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child/ward may suffer personal and potentially serious injury arising from his/her participation.
3. My child/ward has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity(ies).
4. In the event my child/ward fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements. I assume all related costs.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child/ward that may affect his/her participation in the stated program or activity(ies).
6. I consent that the board, through its employees, agents and officers, may secure such emergency medical advice and services as they deem necessary for my child/ward's health and safety, and that I shall be financially responsible for any costs related to such advice and services.
7. I grant permission for **(Catholic Independent Schools of Vancouver Archdiocese)** to use, without payment of any fee or charge and without limitation on time or frequency, for non-profit education and/or promotional purposes only, any photographs, video footage, audiotape or digital images of my child/ward.

Yes No My child/ward's identity May be revealed May not be revealed

8. Based on my understanding, acknowledgement, and consents as described herein,

Name of Student

Date of Birth (yyyy/mm/dd)

has my permission to participate

Date (yyyy/mm/dd)

Parent/Guardian Name

Signature

Emergency Contact Numbers

Home

Day Phone No.

Evening Phone No.

Cell