



St. Marguerite d'Youville Secondary School

10815 Dixie Road, Brampton, Ontario, L6R 2W5 Tel: 905-789-5560 Fax: 905-789-1143

February 2012

Track and Field

Dear parent/guardian,

Your son or daughter has expressed a desire to be a part of the St. Marguerite d'Youville's Track and Field Team. He/she should be commended for dedicating himself/herself to the team and involving themselves in the school community.

Pre-season training will begin the week of February 6 indoors from 2:30pm – 3:45pm. Days have yet to be determined, but a schedule will be provided as soon as meet dates have been confirmed. Once the weather permits, we will be practicing on the school track, as well as travelling to Chinguacousy Park once or twice a week. Students will be transported to and from the facility via the school bus or van.

We will be competing in the ROPSSAA region, which includes all secondary schools in the Brampton, Caledon and Mississauga area. We will be participating in 3 meets. A schedule will be provided at a later date, once we have confirmed our permits and team meets.

In Track and Field individual skill is a great asset. However teamwork always overcomes the greatest individual skill. Thus each athlete is expected to be at every practice and meet. This commitment will require that your son or daughter manage his/her time wisely.

Should you have any further questions or concerns, please feel free to contact me, Mr. Rosero at School, 905-789-5560 extension 79124 or 79130.

Please fill out the form below and have it returned with payment. Thank you for your support.

Sincerely,

Coaches Mr. Rosero, Ms. Damiani, and Ms. Steinhofer

Fees :

- \$30.00 Athletic Fee:** for those athletes who have not yet been on a d'Youville Sports Team in 2011-2012.
- \$15.00 Team Fee:** to cover team costs such as Chinguacousy Park Track Permit, meet fees and transportation.
- \$35.00 for a Long Sleeve Warm up Shirt:** Not optional.

| Item | Cost | ✓ |
|---------------------------|---------|---------------------|
| Athletic Fee | \$30.00 | |
| Team Fee | \$15.00 | |
| Long Sleeve Warm up Shirt | \$35.00 | |
| Total Amount Due | | \$80 or \$50 |

* Payments can be made in **cash, credit or debit only** (see attached form) personal cheques are no longer accepted.

All fees are due ASAP: Athletic and Team Fee will be refunded if the athlete decides to drop out, however, they will lose the team fee if they have been entered in a meet.

THE DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD

PARENTAL PERMISSION TO TRANSPORT SELF OR OTHERS IN A PRIVATE AUTOMOBILE

DATE _____

Dear Parent/Guardian of _____ *

Description of Activity: TRACK & FIELD 2012 SEASON

Due to the nature of these activities some are unable to be offered at the school. It will therefore be necessary for the students enrolled in the Grade 11 and 12 programs to travel to other facilities off school property. Transportation to these facilities will be accomplished in one of four ways. Some students will travel via the school van while other students may choose to drive themselves or ride with other students. It is because of this situation that we ask you to read and sign the appropriate section below: (Please sign all sections which pertain to your child).

1. I hereby give permission for my child to drive themselves to and from the activities described above.

Parent/Guardian Signature: _____

2. I hereby give permission for my child to drive other students to and from the activities described above.

Parent/Guardian Signature: _____

3. I hereby give my permission for my child to ride in a private car, driven by the teacher or another student, to and from the activities described above.

Parent/Guardian Signature: _____ *

4. My child may only ride in the school van to and from the activities described above.

Parent/Guardian Signature: _____ *

For insurance purposes it is advised that any student driving a parents car, and who is doing so at the request of the school for school business, be added on as a secondary driver under the insurance on the vehicle. It is understood that the insurance, on the vehicle is primary coverage with the Board's insurance, providing, excess Liability Insurance only. Any student driving on a school sponsored activity, with the school's permission and at the school's request, would be designated the "trip driver". Students driving other students are asked to complete the following in order to meet insurance requirements.

DUFFERIN PEEL CATHOLIC DISRICT SCHOOL BOARD
PHYSICAL EDUCATION SAFETY GUIDELINES
SECONDARY - INTERSCHOOL REQUEST TO PARTICIPATE FORM

10. **MEDICAL SERVICES AUTHORIZATION (Optional)**
In case of emergency medical or hospital services being required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services including anesthesia and drugs. I understand that any cost will be my responsibility.
SIGNATURE OF PARENT/GUARDIAN * _____ DATE: * _____

STUDENT ACCIDENT INSURANCE NOTICE

Dufferin Peel Catholic D.S.B. does not provide any accidental death, disability, dismemberment/medical/dental expenses insurance on behalf of the students participating in the activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning and throughout the school year.

TRANSPORTATION NOTICE

For any Interschool activity that involves off school participation see GAP Excursion Policy 801 for appropriate permission forms required.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the student, or the school board or its employees or agents or the facility where the activity is taking place. Activities that are identified as having the potential for more serious consequences are: Alpine skiing, snowboarding, broomball, cheerleading (acrobatic), field hockey, field lacrosse gymnastics, ice hockey, ringette (ice), swimming, track and field - field events: high jump, shot-put, water polo and wrestling. By choosing to participate in the activity, you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Dufferin Peel Catholic D.S.B. attempts to manage as effectively as possible the risk involved for students while participating in school athletics.

ACKNOWLEDGMENT OF RISKS/REQUEST TO PARTICIPATE/INFORMED CONSENT AGREEMENT

I/We have read and understand the notices of accident insurance, and elements of risk.
I/We hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter for personal health, medical, dental and accident insurance coverages.

I/We request my son/daughter/ward to participate on the Track & Field team during the 2012 season
(Sport) (School Year)

I/We agree that the Dufferin Peel Catholic D.S.B. or its employees, servants or agents shall not be liable for any injury to my son/daughter/ward or loss or damage to personal property arising from, or in any way resulting from participation in the above listed activities.

Signature of Parent/Guardian * _____ Date * _____

Signature of Student * _____ Date * _____

FREEDOM OF INFORMATION NOTICE

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's policy on Risk Management for Interschool Athletics. Any questions with respect to this information should be directed to your school principal.

**DUFFERIN PEEL CATHOLIC DISTRICT SCHOOL BOARD
PHYSICAL EDUCATION SAFETY GUIDELINES
SECONDARY - INTERSCHOOL REQUEST TO PARTICIPATE FORM**

Appendix A

This form is to be completed on behalf of a student who wishes to participate in interschool sports and returned to the coach teacher prior to the students' first practice.

STUDENT NAME * _____
 HOME ADDRESS * _____
 HOME PHONE # * _____
 PARENT/GUARDIAN * _____
 STUDENT'S PHYSICIAN _____
 EMERGENCY CONTACT NAME * _____

SCHOOL d'Youville _____
 POSTAL CODE * _____
 WORK PHONE # _____
 PHONE # _____
 PHONE # * _____

MEDICAL INFORMATION

NOTE: An annual medical examination is recommended. * FILL OUT BELOW

1. Date of last complete medical examination: _____
2. Date of last tetanus immunization: _____
3. Is your son/daughter/ward allergic to any drugs, foods or medication/other? Yes _____ No _____ If yes, provide details: _____
4. Does your son/daughter/ward take any prescription drugs? Yes _____ No _____ If yes, provide details: _____
5. What medication(s) should the participant have on hand during the sport activity? _____
 Who should administer the medication? _____
6. Does your son/daughter/ward wear a medical alert bracelet _____, neck chain _____ or carry a medical alert card? Yes _____ No _____
 If yes, please specify what is written on it: _____
7. Does your son/daughter/ward wear eyeglasses? Yes _____ No _____ contact lenses? Yes _____ No _____
8. Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details: epilepsy; diabetes; orthopedic problems; deaf; hard of hearing; asthma; allergies; head or back conditions or injuries (in the past two years); arthritis or rheumatism; chronic nosebleeds; dizziness; fainting; headaches; hernia; swollen or hyper mobile joints, trick or lock knee: _____
- Any other medical information that will limit participation? _____
9. Should your son/daughter/ward sustain an injury or contact an illness requiring medical attention during the competitive season, notify the coach and complete the "Request to Resume Athletic Participation Form", if applicable.