

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

Dear Parent/Guardian:

Vigorous physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and skills necessary for a physically active lifestyle. Active participation in games, dance and gymnastics provides opportunities for students to discover and trust themselves and gain the confidence necessary to play and work cooperatively and competitively with their peers. Physical education programs at both the curricular and co-curricular level provide opportunities for students to experience the fitness feeling and to help them understand and make decisions regarding personal fitness and the value of physical activity in their daily lives.

**ELEMENTS OF RISK NOTICE**

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in physical activity.

It is important that your child participate safely and comfortably in the physical education program. In your child's best interests we recommend the following:

- a) An annual medical examination.
- b) Appropriate attire for safe participation (T-shirt, shorts or track pants and running shoes).
- c) Hanging jewelry must not be worn. Jewelry which cannot be removed and which presents a safety concern must be taped.
- e) The wearing of an eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during intramurals.
- f) The wearing of sun protection for all outdoor activities.
- g) Safety inspection at home of any equipment brought to school for personal use in class, e.g. skis, skates, helmets.

Please complete the attached form and have your child return it to his/her teacher. If you require further information, please contact the school.

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Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

The emphasis in the intramural program is maximum participation, fair play, teamwork and sportsperson ship. The program is used to enhance and extend the Physical Education program in the classroom. Should any of the following intramural programs be offered throughout the school year please check off which activities your child would be allowed to participate in. More information will be sent home prior to the specific intramural program beginning.

Floor Hockey       Basketball       Dodgeball/Tag Games       Football(Flag/Touch)       Volleyball       Soccer/Soccer Baseball  
 Softball       Beach-ball Volleyball       Badminton       Low Organization Games (Tag Games, Relays etc.....)       Other

**MEDICAL INFORMATION FORM**

*This form is to be completed for all students and returned to the classroom teacher.*

I would like to inform the school about these facts pertaining to my child’s physical/medical condition related to his/her participation in Physical Education Curricular and Intramural Programs.

1. Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details: epilepsy, diabetes, orthopedic problems, heart disorders, asthma, allergies. \_\_\_\_\_

head or back conditions or injuries (in the past two years): \_\_\_\_\_

arthritis or rheumatism; chronic nosebleeds; dizziness; fainting; headaches; dislocated shoulder; hernia; swollen, hypermobile or painful joints; trick or lock knee \_\_\_\_\_

2. What medication(s) should the participant have on hand during the sport activity? \_\_\_\_\_

What medication(s) should the participant have on hand during the sport activity? \_\_\_\_\_

3. Does your son/daughter/ward wear a medical alert bracelet \_\_\_\_\_ neck chain \_\_\_\_\_ or carry a medical alert card? \_\_\_\_\_

If yes, please specify what is written on it: \_\_\_\_\_

4. Any other relevant medical condition that will require modification of the program: \_\_\_\_\_

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In signing this form, I acknowledge the element of risk information for the above Intramural Programs

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Various intramural programs may take students into the immediate community to participate. E.g. in class cross country running, orienteering, soccer, softball, etc...at nearby community parks. For these activities the annual walking excursions form is sufficient for parent/guardian consent. Any intramural activity, which requires transportation

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to an off-site location (downhill skiing, skating, bowling, golf, etc...) parent/guardian consent forms (see GAP 801-Excursions) will be required to take your child off the school grounds.