



INFORMED CONSENT AGREEMENT – SPORTS

As a condition of participating in school sports, this form must be completed by the parent/guardian of each student participant or by the student if over the age of majority (18). This may include sports sanctioned by the York Region Elementary School Athletics Association (YRESAA) and York Region Athletic Association (YRAA). This does not include activities that are part of regular physical education program.

Please be advised that the York Region District School Board does not provide accident coverage for student injuries. Participation in certain sporting activities including, but not limited to, football, rugby, hockey, basketball, soccer and track and field may result in injuries such as bumps, bruises, sprains, strains, scrapes, lacerations, spinal injuries, broken bones or head injuries. Certain injuries may result in medical, dental or other expenses that are not covered by provincial health care or group benefit plans. As a parent/guardian, you are responsible for these expenses.

Student Accident insurance is available for purchase and it is strongly recommended that parents/guardians of students involved in athletics purchase this insurance. If you have not acquired accident insurance and wish to do so please visit <http://www.kidsplus.ca/en/buynow/> for more information.

ACKNOWLEDGEMENT:

I understand that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I agree that my child, ward or self is able to participate. In choosing to participate, I understand the risks associated with sporting activities.

I agree that the York Region District School Board or its employees, servants, or agents shall not be liable for any injury to my child, ward or self or loss or damage to the property arising from, or in any way resulting from, participation in these types of activities, unless such injury, loss or damage is caused by **sole negligence** of the Board or its employees, servants or agents while acting within the scope of their duties.

I understand that participation in sporting events may result in a student being interviewed, photographed or video-recorded by members of the media and/or York Region District School Board staff during publicly accessible sporting events and agree to such activity. I understand that this may result in the publishing/broadcasting of photos, videos and/or identifying information for the purposes of reporting on any such sporting event.

I have read and understand the **Informed Consent Agreement – Sports** and consent to participate acknowledging all of the above.

Name of Student (PRINT): _____

School: _____

Sport(s): _____

Signature of Parent/Guardian
(OR student over 18): _____

Name of Parent/Guardian
(OR student over 18) (PRINT:): _____

Date: _____

Student Accident Insurance has been/will be purchased Yes No

Personal information is collected under the authority of the Education Act as amended, and will be used to acknowledge parents were informed and in agreement with insurance particulars. Contact the school principal for more information.

Retain: C+1 in the school office *In the event of an accident, attach this for the Accident/Injury Report (form NP674-04) and send to Administrative Services. P674-01 (Revised October 2013)*