
APPENDIX B -2

ELEMENTARY STUDENT-ATHLETE EXPECTATIONS AND PARENT ACKNOWLEDGEMENT FORM

Student-athletes and parents are expected to follow the guidelines outlined in this form to ensure that all participants have a positive experience while playing extra-curricular sports, as these form the foundation of the extra-curricular athletic program in their school.

Student-athletes are expected to:

- ✓ Be willing and eager to learn and improve their skills
- ✓ Demonstrate commitment to their teams by attending practices, meetings and games
- ✓ Participate with effort and enthusiasm
- ✓ Respect the decisions made by their coaches and the officials
- ✓ Demonstrate sportsmanship, appreciation and respect for their opponents and teammates
- ✓ Demonstrate responsible behaviour at all team functions at their school and when visiting other schools
- ✓ Play by the rules of the competition
- ✓ Play for the enjoyment of the game. Be gracious in both winning and losing.

Parents are expected to:

- ✓ Ensure that their child is playing for **their** enjoyment
- ✓ Value the time and effort that volunteer coaches commit to providing a positive experience for children
- ✓ Demonstrate sportsmanship, appreciation and respect towards all student-athletes, coaches and officials
- ✓ Model positive and encouraging behaviours for students-athletes and other spectators
- ✓ Discuss any concerns they may have directly with the coach, and in a private and respectful way. Do not attempt to discuss concerns with the coach immediately before, during or after practices/games. Employ the "24 hour rule" before contacting the coach to discuss a concern. This allows time for reflection and for emotions to subside, which increases the likelihood of a positive interaction.
- ✓ **Fill out and submit, along with this form, Appendix C (Medical Consent Form), to ensure that coaches are aware of any medical/safety considerations and accommodations that need to be made. Safe participation is a primary goal for parents and coaches alike.**

School Name: _____ Date: _____

I, _____ (student name) have read and understand the expectations of me as a student-athlete.

Student signature: _____

I have read and understand the parental expectations, and have reviewed the student-athlete expectations with my child to ensure they understand their expectations. I have also completed the Medical Consent Form for my child.

Parent Name: _____

Parent Signature: _____

APPENDIX C

MEDICAL CONSENT FORM

The safety of your child in their participation in extra-curricular sports is of the utmost importance to you as a parent, and this attention to safety is shared by all school/district staff and coaches (both community and district employee coaches). The following Medical Screening Checklist provides the school and coach the necessary information to ensure awareness and, where appropriate, accommodations are made by the coach in order that your child can participate safely. Appendices D, E, F and G of "School District No. 73 (Kamloops-Thompson) Extra Curricular Safety Guidelines Handbook", specifically addresses protocols and procedures regarding concussions and suspected concussions

Please be aware that some medical conditions will prevent a student-athlete from being eligible to compete in extra-curricular athletics. The ineligibility may be temporary, permanent or sport specific.

The intent of the Medical Screening Checklist is to provide important medical information to the school and coach. Any medical symptoms and/or conditions identified that could impact your child's ability to participate in extra-curricular athletics will result in a confidential follow-up meeting with the school principal, athletic director and/or coach to collaboratively plan the next steps prior to participation

Please circle all symptoms/conditions that apply to your child. Should you require clarification or have questions about any of the following prior to completing this checklist, please contact the coach or athletic director.

AREA	CONDITIONS/SYMPTOMS		
Blood	Bleeding/clotting problems	Chest pain	
Head	Frequent headaches Uncontrolled Epilepsy	Skull defect	Concussion history
Eye/Ear/Nose	Severe myopia Detached retina	Blindness (one eye) Perforated eardrum	Blindness (both eyes) Deafness
Heart	High blood pressure Previous heart failure	Abnormal heart sounds/rhythm	
Lungs	Severe asthma Asthma/other breathing problems (specify) _____ Respiratory insufficiency	Acute/chronic infection	
Endocrine	Uncontrolled diabetes		
Abdomen	Disease of liver/kidney/spleen Ascites	Cirrhosis Hydrocephrosis	Ileitis/Colitis Crohn's disease
Muscular/Skeletal	Muscle disease Recurrent joint dislocation Atlanto-axial abnormality Back/joint pain Joint effusion or bleeding	Active hip disease Incomplete healing of any fracture Bone deformity Recurrent sprains, muscle tears,	
Chronic Infection	Herpes (while active)	AIDS (disease only)	
Other	Fainting episodes Severe allergies (specify): _____	Chronic shortness of breath	

Other medical conditions not mentioned above that the school/coach needs to be aware of are:

My child uses the following medications/medical technology:

Hearing aids insulin pump insulin/needles for injection EpiPen Asthma inhaler

Other (specify): _____

I have completed the Medical Screening Checklist for my child and have circled all symptoms/conditions that apply, as well as adding all symptoms/conditions not specifically listed on the checklist. I am aware of the risks and dangers inherent in participation in sports.

I grant permission for my child to participate in extra-curricular sports subject to the limitations and restrictions of the medical conditions/symptoms identified above. I affirm that my child is medically fit to participate in extra-curricular sports with the following restrictions. I acknowledge that, depending upon the conditions/symptoms identified, a follow-up meeting with the coach, athletic director and/or school principal may be required to determine next steps to ensure the safe participation of my child.

I hereby give permission for emergency medical treatment to be administered to my child as may be determined in the reasonable discretion of their coach. It is understood that whenever reasonably possible, I (or emergency contact provided in the event I am not able to be contacted) will be contacted and informed of the medical concern, diagnosis, treatment required and anticipated medical results.

Should there be any change in my child's medical status during the course of this school year, I will promptly inform the coach and/or athletic director.

School: _____ School Year: _____ Date: _____

Student-Athlete name: _____ Care Card Number: _____

Parent Name: _____ Parent Signature: _____

Parent Phone Number(s): _____

Emergency Contact Name and Phone Number: _____