



Fall Camp Registration 2010



Name: _____

Contact Number #1: _____

Mailing Address: _____

Contact Number #2: _____

Postal Code: _____

Parents/Wards Names: _____

Player Email: _____

Parental/Ward Email(s): _____

Medical Information:

Family Physician: _____

Phone: _____

Height: _____

Weight: _____

Grade in September 2010: _____

Please indicate (Check) if your son/ward has been subject to any of the following and provide pertinent details:

<input type="checkbox"/> Previous history of minor or major concussions	<input type="checkbox"/> Knee disorders
<input type="checkbox"/> Previous broken bones	<input type="checkbox"/> Fainting or dizziness during exercise
<input type="checkbox"/> Serious injuries/illness requiring medical attention in the past year	<input type="checkbox"/> History of headaches
<input type="checkbox"/> Previous dislocated bones	<input type="checkbox"/> Cardiovascular conditions
<input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> Mental Disorders
	<input type="checkbox"/> Epileptic

Pertinent details pertaining to the above: _____

Allergies Yes/ No Details/Severity and medication required: _____

Asthma Yes/ No If yes, what are known trigger and can student self administer? _____

Diabetic Yes/ No Details/Severity and medication required: _____

Contact Lens wearer Yes/ No Details/Severity: _____

Consent for training staff to offer recommended dosage of Advil(ibuprofen)/Tylenol(acetaminophen) in the event of swelling or pain: _____

Yes/ No parent signature _____

List any other important Medical information that staff or emergency personnel should be aware of?

Parent/Guardian Consent form on reverse MUST be filled out.

***Return registration form with \$40.00 camp fee to Coach Spady Aug. 16
Cheques payable to: Bev Facey CHS**



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Parent/Guardian Consent Form

This signed form is required for all students who wish to participate in a contact sport (football)

1.0 Elements of Risk and the Responsibilities of the Student-Athlete

Contact sports have physical demands and certain inherent risks, which may be beyond the control of the school, school board and the organizers of this sport. Tackling and blocking by their nature result in collisions between two or more players that can involve a great deal of force. Students who participate in contact sports must accept that there is the possibility of serious injury as a result of their participation. Accidents can result from the nature of this activity and can occur without any fault on the part of the participants, the School Board, the employees or agents of the board, or the facility where the activity takes place. By choosing to participate in contact sports, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in this activity.

1.1 Conduct

I hereby understand, agree to abide by and support the rules of play, personal conduct, and terms of conditions for participation.

1.2 Authorization of Emergency Services

I hereby give consent for Elk Island Public Schools personnel to provide my child with emergency medical care as warranted and associated with participation on the team during sanctioned events.

Please Note: the School Board provides only **limited** medical expenses insurance on behalf of students participating in this activity.

IT IS STRONGLY RECOMMENDED THAT YOU PURCHASE STUDENT ACCIDENT INSURANCE IF YOU DO NOT ALREADY HAVE YOUR OWN PRIVATE COVERAGE.

2.0 Acknowledgement

We have read and understand the Elements of Risks and insurance information stated above. We have also read and understand the Responsibilities and have attempted to see that they have all been fulfilled.

EST. 1986

Signature of Student

Date

Signature of Parent/Guardian

Date

3.0 Permission

I give my son (*print name*) _____ permission to participate in a contact sport.

Signature of Parent/Guardian

Date

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