Thames Valley District School Board

GLENCOE DISTRICT HIGH SCHOOL

ATHLETE PROFILE

NAME:_____**GRADE:**_____

ATHLETIC FEE: $35.00

Every athlete is required to pay this fee once per year.
Occasionally, there may be an added fee if the sport is paid by event and not a team (e.g. Track & Field).
Payment is preferred through SchoolCash online or cash/cheque will be accepted in Guidance.

Dear Parent/Guardian:

ALL students are required to have the following forms completed and signed before participating in any physical activity at GDHS (e.g. Phys Ed, Intramurals, Sports Teams). Student athletes who play on our sports teams must complete the following forms:

Athlete Profile; Permission Form for a Field Trip/Excursion (transportation for all away games for the entire year on one form); Application for Appointment by Principal to Provide Transportation for Students form (only need to fill it out once per year); 3A's contract; permission for photos. These forms must be completed before students can participate in any athletics.

Beginning this school year (2025-2026), a new participation guideline will be in place for all student-athletes. Each season - fall, winter, and spring - students may join *ONE* team sport and up to *TWO* individual sports. This change is designed to support student well-being, encourage balanced involvement, and ensure all teams and athletes receive adequate time and attention. We appreciate your understanding and cooperation as we implement this new rule.

If you have any questions, please contact GDHS at 519-287-3310.

Thank you.

The Administration and Athletic Department of GDHS

GDHS INTRAMURAL MEDICAL INFORMATION AND CONSENT TO PARTICIPATE / CURRICULAR MEDICAL INFORMATION AND ACKNOWLEDGEMENT OF ELEMENTS OF RISK FORM

PLEASE NOTE: FREEDOM OF INFORMATION - 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. Any questions with respect to this information should be directed to your school principal.

Dear Parent/Guardian:

Please complete and return the form below to GDHS no later than Monday, September 8, 2025:
Physical activity is essential for 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 endurance necessary for a physically active lifestyle. Active participation in physical education classes, which includes games, and outdoor pursuits, provides opportunities for students to develop the skills and confidence necessary to play and work co-operatively and competitively with their peers.

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 (for example, concussion). These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. 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. Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

Concussions

Thames Valley District School Board's concussion policy and procedures will be followed if a student sustains a hit or blow to the head or body and shows signs and/or symptoms of concussion. Please be advised that you will be asked to seek medical attention (that is, medical doctor or nurse practitioner) for your child/ward if signs and/or symptoms of concussion occur. Concussion information for parents and students is available at (tvdsb.ca).

You are advised along with your child to review Parachute's **Concussion Guide for Parents and Caregivers** (see attached). For a diagnosed concussion that occurs as a result of activity outside of the school setting, you must inform the school principal as soon as possible.

You are advised to be aware of:

- the dangers of participating with a concussion;
- the school board concussion policy; and
- the importance of encouraging the ethical values of fair play and respect for opponents.

You are advised to review Sample Concussion Prevention Strategies, or (equivalent school board concussion prevention strategies) with your child/ward.

Sudden Arrhythmia Death Syndrome (SADS)

Sudden Arrhythmia Death Syndrome refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people.

Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of sudden arrhythmia death syndrome. The school response is to call emergency medical services (911) and inform the parents/guardians. Parents/guardians must be provided with the information found in the **Sudden Arrhythmia Death Syndrome (SADS)** section, which contains information about SADS as well as a Fainting Episode form. The student must not participate in physical activity until cleared by a medical assessment and the Documentation of a Fainting Episode form is completed by parent/guardian and returned to the school administrator/designate. For further information please visit **www.sads.ca**.

Daily Physical Activity

As part of the Ministry of Education's Daily Physical Activity (DPA) initiative, every student at our school will be participating daily in 20 minutes of moderate-to-vigorous physical activity. Research has shown that daily, sustained physical activity has a positive impact on students' academic achievement, readiness to learn, behaviour, self-esteem, and level of physical fitness. This DPA program will take place in physical education classes and in other areas of the school on non-physical education days. Aerobic routines, fitness circuits, and power walks are some examples of DPA sessions. For the DPA program, clothing and footwear must not pose a safety hazard.

Student Absence Due to Illness or Injury

If a student misses a class due to illness or injury requiring professional medical attention (for example, medical doctor, chiropractor, physiotherapist), a **Return to Physical Activity Form (Non-Concussion Medical Illnesses/Injuries)** can be obtained from the school. It must be completed and returned to the school giving the student permission to return to play. An annual medical examination is strongly recommended. Students must follow their individual Plan of Care in having immediate access to their emergency medications (for example, asthma inhalers, epinephrine auto injectors) when participating in curricular physical activities.

Clothing, Footwear and Jewellery

Students must wear appropriate attire for safe participation. Running shoes with a flat rubber treaded sole which are secured to the foot are a minimum requirement along with appropriate clothing for the physical activity (for example, shorts or sweat pants and t-shirt/sweat shirt).

Certain types of jewellery can pose a hazard and cause injury to the wearer and/or other participants during physical activity. Students must comply with the instructions of the teacher, following board/school procedures, when requested to remove jewellery.

Medic alert identification and religious articles of faith that cannot be removed must be taped or securely covered.

Students that require glasses during physical activity may have a safety strap and/or shatterproof lenses for their glasses. Students must come to school prepared to participate safely outdoors protecting themselves from environmental conditions where appropriate (for example, use of hats, sunscreen, sunglasses, insect repellent, appropriate clothing.)

Equipment

A safety inspection must be carried out at home of any equipment brought to school for personal use in class (for example, skis, skates, helmets) to ensure it is in good working order and is suitable for personal use.

Student Accident Insurance Notice

TVDSB does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (for example, curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

Parents/Guardians are requested to complete the following INTRAMURAL MEDICAL INFORMATION AND CONSENT TO PARTICIPATE / CURRICULAR MEDICAL INFORMATION AND ACKNOWLEDGEMENT OF ELEMENTS OF RISK FORM and return to GDHS by Monday, September 8, 2025.

Name of Athlete	
Grade	
(Where your child's/ward's condition is confidential or requires further explanation you are requested to contact your child's/ward's Principal)	519-287-3310 ext. 67694
Date of last complete medical examination:	
Date of last tetanus immunization:	
Is your child allergic to any drugs, food or medication/other (please circle)?	YES NO If yes, provide details
Medic Alert Information	
Does your child/ward wear a medical alert bracelet?	YES NO
Does your child/ward wear a neck chain?	YES NO
Does your child/ward carry a medical alert card?	YES NO If yes, please specify what is written on it:

Oral and Visual Appliance	
Does your child/ward wear eyeglasses?	YES NO
Does your child/ward wear contact lenses?	YES NO
Does your child/ward wear orthodontic appliance?	YES NO
Does your child/ward have dental restorations (that is, crowns, bridges)?	YES NO
Medical Conditions	
Indicate if your child/ward has been diagnosed as having any of the following medical conditions and provide relevant details: ○ Allergies ○ Anaphylaxis ○ Asthma ○ Deafness ○ Epilepsy ○ Heart disorders ○ Type I Diabetes ○ Type II Diabetes	Other: Relevant details: Please provide relevant details and accommodations (for example, Plan of Care) to be made if your child cannot fully participate in physical activities:
Medications	
Does your child/ward take any prescription drugs?	YES NO If yes, provide details:
What medication(s) should be accessible during the physical activity?	
Who should administer the medication?	
Physical Ailments	
Indicate any physical ailments that apply and provide relevant details: ○ Arthritis or rheumatism ○ Chronic nosebleeds ○ Dizziness ○ Fainting ○ Headaches ○ Hernia ○ Orthopaedic conditions ○ Spinal conditions ○ Swollen, hyper-mobile or painful joints ○ Trick or lock knee ○ Head or back conditions or injuries (in the past two years)	Relevant details:
Concussion	
Has your child/ward previously been diagnosed with a concussion?	YES NO If yes, how many times? When was the last diagnosis? [month/day/year]

***If your child/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, a **Medical Concussion Assessment Form** must be completed before the student returns to physical education classes and daily physical activity (DPA). Request the form from the school administrator.	What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity?
Other Conditions	
Please indicate any other condition that will limit participation or that the teacher should be aware of:	
Elements of Risk Notice	
I acknowledge and have read the Elements of Risk notice in on page 2 above.	Parent/Guardian Signature: Date:
Medical Services Authorization (Optional)	
In a situation when emergency medical or hospital services are required by the 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 anaesthesia and drugs. I understand that any cost will be my responsibility.	Parent/Guardian Signature: Date:
Acknowledgement of Risks/Request to Participate/Informed Consent Agreement	
I have discussed the signs, symptoms and management of a concussion with my child/ward based on Parachute's Concussion Guide for Parents and Caregivers.	Parent/Guardian Initials:
I have read and understand the notices Accident Insurance	Parent/Guardian Initials:
I request our child/ward to try out/participate in all sports teams at GDHS during the school year.	Parent/Guardian Initials:
I hereby acknowledge that I have read and understand the notice of Elements of Risk on page 2 above and accept the risk inherent in the requested activity and assume responsibility for my child/ward for personal health, medical, dental and accident insurance coverage.	Parent/Guardian Signature: Date:
Intramural Activities/Clubs Permission	
I give permission for my child/ward to participate in intramural activities/clubs. Students participating in intramurals are expected to meet the 3A's (see end of document for a description of the 3A's) and must put all equipment away and clean up the area before leaving.	Parent/Guardian Signature: Date:

Form 3a

PERMISSION FORM FOR A FIELD TRIP/EXCURSION

The trip outlined in section C has been planned as an extension of the educational experiences provided at school. Please sign and date your permission and acknowledgement in sections A and B. Please return it immediately. Thank you.

SECTION A: Student Information

Name of Trip:		(First) Date of Trip:	
School Hosting Trip:			
Class/Course/Group:		Lead Staff Supervisor:	
Destination:			

THIS TRIP IS CATEGORIZED AS Athletic Competition AND IS CLASSIFIED AS Non-High-Risk

Student Details

Student's Name:		Date of Birth:	
Home Address:		Postal Code:	
Emergency Contact:		Relationship:	
Contact Information:			
Additional Emergency Contact:		Contact Number:	
Citizenship and Passport Number (where necessary):			

Allergies, please list any allergies. If the reaction is severe, please specify:

Allergy	Type of Reaction	Usual Treatment

Dietary Restrictions (Please list any foods your child should not eat, for medical or religious reasons):

Other Medical or Special Concerns/Information:

VOLUNTEER OPPORTUNITY: Myself or another member of the family is available to assist as a volunteer approved adult supervisor for this trip and will complete a volunteer form. ☐ No / ☐ Yes

Elements of Risk: The risk of injury exists in every field trip 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 field trip activity. Furthermore, financial risk may exist for a field trip activity. Therefore, for extended trips and excursions, please review trip cancellation and travel insurance which is included. If travel cancellation and travel insurance is included in the trip, it will not cover all circumstances, which these exclusions / circumstances are a risk accepted by the participant. Parents / Guardians may wish to independently purchase additional insurance to meet their own specific needs for these specifically longer trips/ excursions. **Medication:** If it will be necessary for your child to take prescription medication during the trip, the parent/guardian and the physician must complete the form "Authorization for the Administration of Prescription Medication". It must be forwarded to the Principal prior to the administration of medication. If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form. **Notice of Collection:** The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1, Telephone 519-452-2000 ext. 20218. (Revised April 2013)

Form 3a

PERMISSION FORM FOR A FIELD TRIP/EXCURSION

Section B: Informed Consent / Permission Form for a Field Trip/Excursion

(Students Over 18 Years-of-Age or A Signing Parent/Guardian for Students Under 18 Years-of-Age)

THIS INFORMED CONSENT MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE IN THE FIELD TRIP/EXCURSTION OR BY A SIGNING PARENT/GUARDIAN OF THE PARTICIPATING STUDENT.

The Field Trip/Excursion, as described in Section C, may involve certain elements of risk due to their physical nature. Injuries may occur while participating in Activities while on a Field Trip/Excursion. The following list includes, but is not limited to, the following injuries:

slips and falls · falls from heights · scrapes · cuts · bruises · muscle strain · twisted and/or sprained ankles, knees, shoulders, or wrists · burns · dirt or other materials in eye · impacts with other people · impacts with the wall, ground or other structures and equipment · entanglement · seizures · loss of awareness · eye strain · dizziness · disorientation · nausea · impaired balance · light-headedness · fatigue · motion sickness · concussions · broken bones · physical and/or emotional injuries · emotional distress · paralysis · other bodily injuries · death · and negligence of other persons.

The risk of sustaining these types of injuries result from the nature of the Field Trip/Excursion, as described in Section C, and can occur without any fault of either the student, or the Thames Valley District School Board (the "School Board"), and its' employees, approved adult supervisors, as well as Third-Party Providers of the Trip. By choosing to take part in the described Field Trip/Excursion and signing this form, you are acknowledging and accepting the risk that you and/or your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the Field Trip/Excursion. If you and/or your child choose to participate in the described Field Trip/Excursion on the Date(s) outlined, you must understand that you bear the responsibility for any injury that might occur to you and/or your child.

The Thames Valley District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in the Field Trip/Excursion.

In the event of an injury taking place during the Field Trip/Excursion, the may make on-site medical services available to you/your child. By signing this Informed Consent, you consent to the provision of such medical services to you/your child, should they be provided.

I/WE HAVE READ THE ABOVE AND UNDERSTOOD THIS ADVICE. I/WE UNDERSTAND THAT IN PARTICIPATING IN THE DESCRIBED FIELD TRIP/EXCURSION, I/WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO FOR MYSELF, AND/OR MY CHILD.

Students Over 18 Years-of-Age

Name of Student	Signature of Student	Date

Signing Parent/Guardian for Students Under 18 Years-of-Age

(Print name of student)	has permission to participate in the Field Trip/Excursion, as described in Section C.

Name of Parent/Guardian	Signature of Parent/Guardian	Date

Form 3a

PERMISSION FORM FOR A FIELD TRIP/EXCURSION

SECTION C: Field Trip/Excursion Details to be kept by the Parent/Guardian/Student

Basic Details

School Hosting Trip:			
Additional School(s) Joining Trip:			
Class/Course/Group:		Date Form Sent Home:	
Lead Staff Supervisor:		Administrator:	
Lead Staff Supervisor Contact Information:			

THIS TRIP IS CATEGORIZED AS Athletic Competition; **AND IS CLASSIFIED AS** Non-High-Risk

Date & Time

Single Day	**Consecutive** *multiple days in a row*	**Ongoing** *multiple dates over the school year**
Date of Trip:	Start Date:	Dates:
	Departure Time:	
Start Time:	End Date:	Start Time:
End Time:	Return Time:	End Time:

**any additional on-going trip dates that are added after this form is signed will need to be provided to, and approved by parent(s)/guardian(s) in advance*

Destination and Trip Information

Destination:	
Transportation to Destination:	
Accommodations, if applicable:	
Cost of Trip: $	Submit to SchoolCash Online or the School by:

Trip Summary:

Ontario Curriculum Expectations for the Trip: athletics

Special Information (e.g., clothing, food, materials):

A detailed itinerary will be Provided Later

Application for Appointment by Principal to Provide Transportation for Students

School:		Date:	

Applicant's Information				
Surname:		First Name:		
Address:				
Telephone:	Home:		Work:	
State your position (Teacher, Volunteer, or Other):				

Name of Your Automobile Insurance Company:	
Company Agent or Address:	
Insurance Policy #:	
Amount of Third Party Liability coverage shown on the above policy:	$
Expiry date of insurance policy *(or renewal date)*:	
Ontario driver's license #:	

(TVDSB & OSBIE recommend $1 million liability insurance)

Description of Vehicle You Plan To Use:								
[ ]	Owned	Make:		Model:		Year:		
[ ]	Not Owned							

If the vehicle is not owned by you the following information is required:

Owner's Name: Surname		First Name:	
Address:			
Telephone: (home)		(work)	
I hereby give permission for the use of my vehicle to transport students:			
Signature of Owner			

Statement of Applicant

I understand the Thames Valley District School Board Policy, Terms and Conditions, and my personal responsibility with regard to minimum liability insurance coverage on the vehicle described above which will be the vehicle I will drive when transporting students. I am aware that the school board's Excess Automobile Liability insurance comes into effect only after the vehicle owner's primary Third Party Liability insurance limit has been exhausted. I will serve as Driver to transport students (I have a valid license and insurance policy) and report to the Principal should there be any change in the above information provided. I am 18 years of age and will endeavour to ensure that student passengers in my care will conduct themselves in a safe, responsible manner. I will report promptly any misconduct, accident, or injury to the Principal's office.

Signature of Applicant		Principal's Approval	

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Thames Valley District School Board

GLENCOE DISTRICT HIGH SCHOOL

USE OF WEIGHT ROOM CONTRACT

Any student wishing to use the weight room must read and sign this contract.

I, _____, would like to use the weight room and I agree to the following conditions:

- I will check in with the supervising teacher each day before entering the room. If I do not receive permission, I will not use the weight room at that time.
- I will enter and leave the weight room through the gym entrance, not the hall entrance.
- I will change into appropriate clothing (no cut-off shirts) and footwear. I will tie back long hair and remove jewellery.
- I will not take any food or drink other than water into the weight room.
- I will not use the bench press or do squats with free weights when working out as an individual
- I will use equipment safely and ask for instructions before using new equipment.
- I will return all weights and fitness equipment to their storage spot.
- I will attend all Weight Room Orientation sessions to know the rules and expectations surrounding weight room use of equipment and lifts.

If I do not comply with these conditions, I understand that I will receive a warning and the second time will lose the privilege of using the weight room during my spare time.

Insurance Release:

Accidents: It is further expressly agreed that all exercises shall be undertaken by me at my sole risk and that GDHS shall not be liable to me for any claims, demands, injuries, actions, or cause of actions, whatsoever, to my person or property arising out of or connected with the use by me of the services and facilities of GDHS and I do hereby expressly forever, release and discharge the said GDHS from all claims, demands, injuries, damages, actions or causes of actions, and from all acts of negligence, passive or active on the part of GDHS.

I have read in full this agreement and acknowledge receipt of a copy hereof and agree with all the contents. I agree to abide by the rules of the Glencoe District High School Weight Room as set out in the rules laid out in the Weight Room Use Contract.

Parent Signature:_____ Student Signature:_____

ALL ATHLETES MUST MEET THE 3 A'S!

Students who represent GDHS in any way whether it's on a sports team, field trip or GDHS/TVDSB event, must meet the 3 A's in order to participate.

Defining a Student in Good Standing: The "3" A's

1. A.ttendance - If the student skips any class the day of a game he/she will not play in that game. Unexplained Lates = Skips. Five accumulated skips you will be benched. Six skips you will be referred to Eligibility Committee.
2. A.ttitude - The student must display good attitude at all times.
3. A.chievement - The student must reach acceptable goals, be responsible and put forth a good effort.

Failure to meet the 3 A's will result in athletes/students being pulled from the game/event at the teacher/coach/Principal's discretion.

Parent Signature:_____ Student Signature:_____

UNIFORMS & JERSEYS

Uniforms and team jerseys are a huge expense so in the event that an athlete does not return a uniform or team jersey they will be responsible for the replacement cost ($50+).

I agree to return all uniforms/jerseys at the end of the sport season.

Parent Signature:_____ Student Signature:_____

Parent/Guardian Consent for the Use of Student Personal Information (Custodian Parent/Guardian and Students 18 years and older)

The *Routine Use and Disclosure of Student Personal Information* guideline is provided on the Thames Valley District School Board website (www.tvdsb.ca/parents). The guideline outlines how your child's personal information is routinely used for an educational or consistent purpose in accordance with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

In addition to the practices outlined in the guideline, we like to recognize and share good news stories both within the school and in our community. From time to time, school and/or classroom activities such as student projects, achievements, activities, plays, athletics and presentations are photography or recorded by the school or board staff. Sharing these photographs and recordings is a wonderful way to celebrate and remember these activities and to showcase our good news stories in the community. Your permission to publish your child's photographs or recordings and/or their full name as a way of sharing good news stories in the community is requested below.

STUDENT NAME:_____

I give permission as follows (please circle):

YES NO Post identifiable photographs or recordings of your child and/or their full name on school/Board websites, newsletters and/or social media sites (including Facebook/Youtube, and Instagram) as a way of sharing positive and good news stories with the community.

YES NO Allow the media to interview or capture identifiable photos or recordings of your child for the purpose of reporting good news stories and school activities.

Class/Student Lists:

From time to time, community organizations request class/student lists to conduct various activities with our students. The following is a list of organizations we anticipate will request class/student lists this year. Your permission is sought to include your child's name on the class/student list for your organization. Should additional organizations request this information throughout the year, your further approval will be sought at that time.

I give permission for my child's name/my name (students 18 and older) to be included on the class/student list if requested by the following organizations.

YES NO Thames Valley Regional Athletics (permission is required for all athletes, in order to play)

Authorization and Consent:

I confirm that I am the student's parent/guardian. I understand that I may amend my approval at any time.

Parent/Guardian: (please print) **Signature:** **Date:**

_____ _____ _____