



AVRSB Consent Form

Name of School: Sabers Hockey

ATTENTION: This is a legal document. Please read carefully the contents of this consent form and clarify any concerns with the staff at the school organizing the event or the School Principal before signing each page.

It is important that this form is completed in its entirety, signed, and returned in order for your child to participate in this activity.

IN CONSIDERATION of West Hants Middle School offering my child, _____, in homeroom _____ an opportunity to participate in the activity described below on the dates identified below, I hereby give and provide my consent, and acknowledge by my signature that my child may participate.

1. **ACTIVITY DESCRIPTION:**

The activity in question is for the West Hants Sabers Hockey Program for the duration of the 2017-18 season. The league will play out of the Newport District Arena and Windsor Exhibition Arena. Additional away games and tournaments may also take place throughout the season. The dates for practices and games are TBA. All games will be played in the province of Nova Scotia. Any games falling outside this jurisdiction will have separate forms submitted.

- Students are required to wear full hockey gear
- Parents are responsible for transportation of their child to the games that are off – site, other than those games where a team bus is provided.

2. **ACTIVITY RISKS:**

Driving to and from the off-site games	due to location, communications devices may not operate
effects of weather	equipment failure and malfunction
existing and changing ice conditions	unmarked obstacles
collision with man-made objects and with others	ability and fitness of students
condition of the terrain, environment and facilities	Frostbite
due to location, immediate emergency medical care might not be available	acts of fellow participants

I am aware of the usual risks and danger involved in participation in this activity, including any specified above and of the possibility of personal injury, fatal injury, property damage or loss that may result.

3. **SUPERVISION:**

During each practice and all games, the coach or his designate will supervise the players and will accompany the team to the games.

I have read and understood this page. Legal Guardian _____

4. **HEALTH AND MEDICAL TREATMENT:**

- My child does not have any illness, allergy, or disability that prevents his or her participation in this event
- My child has an illness, allergy, or disability that could affect his or her participation in this event.

List illness, allergy, or disability: _____

5. **EQUIPMENT AND CLOTHING:**

I will supply appropriate equipment and clothing for my child's participation in this activity as identified.

I acknowledge that it is the responsibility of me and my child to ensure that all necessary equipment and clothing is brought by my child to the event and acknowledge that my child may be prevented from participation if s/he does not have all necessary equipment and clothing.

6. CODE OF CONDUCT & ACTIVITY SITE RULES AND REGULATIONS:

My child and I understand that the school Code of Conduct applies during this activity. My child and I also understand that site rules and regulations are in place for this activity and my child agrees to abide by these rules and regulations. I acknowledge that I have explained to my child that any prohibited actions may result in my child not being allowed to participate or continue in the activity.

7. RISK OF ACCIDENT:

Accidents can result from the nature of this activity and can occur with or without any fault on either the part of the student, school board or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I accept the risk of an accident and agree that this activity, as described above, is suitable for my child.

8. NON-PARTICIPATION IN THIS EVENT:

I understand that if I am not comfortable with my child participating in this activity that arrangements will be made for my child to remain at the school during school hours and my child will not be penalized for non-participation.

9. CONTACT INFORMATION:

Should the school need to contact me during this event:

- Contact Number Valid for the Time of the Activity: _____
- Alternative Contact Information: _____

10. CONSENT

In signing this Consent, I am not relying on any oral or written representation or statement(s) made by the School Board, its servants, agents, employees, or authorized volunteers to induce me to allow my child's participation in this activity other than those contained in this Consent.

I am 19 years of age or older and I have carefully read the contents of this consent form and have clarified any concerns with the staff at the school organizing the event or the School Principal before signing each page. I understand that it is a legal document that is binding on me, my heirs, executors and administrators.

Name of Legal Guardian

Signature of Legal Guardian

Date