



Game On 2020– Medical & Consent & Transportation

Surrey School District #36



Parent / Guardian fills out this form: Please PRINT all information & fill out completely

NAME OF STUDENT: _____		GENDER: _____		AGE: _____		GRADE: _____	
SCHOOL: _____				TEACHER: _____			
ADDRESS: _____				HOME PHONE: _____			
PARENT/GUARDIAN: _____				PARENT/GUARDIAN: _____			
CELL PHONE: _____				CELL PHONE: _____			
WORK PHONE: _____				WORK PHONE: _____			
EMAIL ADDRESS: _____				EMAIL ADDRESS: _____			

EMERGENCY CONTACT (If above not available) _____ PHONE NUMBER: _____

**An Annual Medical Examination, particularly prior to any sport, is strongly advised.
Instructors, volunteers and other support personnel will not provide support for personal hygiene or medical routines**

MEDICAL INFORMATION: (only to be used in case of 911 emergency)

DOCTOR'S NAME: _____ PHONE: _____ CARE CARD NUMBER: _____

VERY IMPORTANT: *If your child needs supervision you must provide it*

What is your child's disability? _____

BEHAVIOURAL: Please indicate **YES or **NO** to the following questions:**

Yes ___ No ___ Needs an adult supervisor: **If Yes, write name of that adult:** _____

Yes ___ No ___ Is cooperative and exercises good behaviour

Yes ___ No ___ Follows instruction and likes to learn

Yes ___ No ___ Can travel alone on the bus **if** taking it to and from Game On

Yes ___ No ___ Has behaviours that risks others like hitting, pinching, swearing and so on

Please indicate YES or NO to the following questions:

Yes ___ No ___ Uses a wheelchair? **Circle one: manual or power**

Yes ___ No ___ Has allergies (food, medication, environment)? Specify: _____

Yes ___ No ___ Has seizures? How frequent? _____

Yes ___ No ___ Has a shunt?

Anything else we need to know about your child: _____

Release Contact Information to Sport Organization: (Phone #, name and email) YES ___ NO ___	Can We Put Your Child's Photo on the APA Website? YES ___ NO ___
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\$25.00 is required to register your child: Cheque made out to: <i>Johnston Heights Secondary</i>	T-Shirt: Adult sizes: S M L XL XXL XXXL	T- Shirt: Youth sizes: Youth M Youth L Youth XL
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Elements of Risk and the Responsibilities of the Student-Athlete

All athletic activities place physical demands on the participants and create certain inherent risks. Students who participate in athletic activities must accept that there is the possibility of injury as a result of their participation. Accidents can result from the nature of the activity and can occur without any fault on the part of the participants, the District and their employees, or the facility where the activity takes place. By allowing your child to participate in the activity, you are assuming the risk of an accident occurring:

ACKNOWLEDGEMENT

We have read and understand the **Elements of Risks and Responsibilities** information stated above.

MEDICAL RELEASE

In the event that my child _____ is injured, ill or in need of medical attention, I authorize the staff to seek medical attention (911) and/or admit my child to hospital on my behalf if I am unable to be contacted or unable to respond.

PARENTAL/GUARDIAN CONSENT FOR PARTICIPATION

Print name of Parent/Guardian _____
Signature of Parent/Guardian _____

Date ____ / ____ / ____
mm / dd / yy

Choice of Activities: use a ✓ to indicate your choice(s)

Boccia _____
Dance _____

Surrey FC Indoor Soccer _____
Wheelchair B-Ball / Tennis _____

Special Olympics Basketball _____
Wheelchair Lacrosse _____



Transportation Request



Place a check mark (✓) next to your answer:

I will transport my child **TO** their chosen sport activity: YES _____ NO _____ (see box below)
I will **PICK UP** my child and take them home: YES _____ NO _____ (see box below)
Driver's name: _____ Driver's phone number: _____
Relation to student: _____

I need bussing for my child

This teacher / EA **has agreed to supervise my child** from the time school ends until the bus arrives to pick them up

Supervising Teacher prints name here: _____ Teacher's signature: _____

Place a check mark (✓) Activities your child is registering to participate in

✓	Activity	Time	Day	Location	Address
<input type="checkbox"/>	Dance	4:30 – 5:30	Tuesdays	Princess Margaret Secondary	12870- 72 nd Avenue
<input type="checkbox"/>	Wheelchair Lacrosse	4:30 – 5:30	Wednesdays	Salish Secondary	7278 – 184th Street
<input type="checkbox"/>	Indoor Soccer	4:30 – 5:30	Thursdays	Johnston Heights Secondary	15350 – 99 th Avenue
<input type="checkbox"/>	Special Olympics Basketball	4:30 – 5:30	Thursdays	Johnston Heights Secondary	15350 – 99 th Avenue
<input type="checkbox"/>	Wheelchair Sports	4:30 – 5:30	Thursdays	Johnston Heights Secondary	15350 – 99 th Avenue
<input type="checkbox"/>	Boccia	4:30 – 5:30	Thursdays	Johnston Heights Secondary	15350 – 99 th Avenue