



## SARDIS SECONDARY SCHOOL

45460 Stevenson Road, Sardis, BC V2R 2Z6

Tel (604) 858-9424 • Fax (604) 858-2981

Website: [www.sardissecondary.ca](http://www.sardissecondary.ca)

### ATHLETIC PERMISSION AND FEE INFORMATION

#### PART A: ATHLETIC FEES

All students will pay a per team Athletic Levy to help subsidize our Athletic Program. Each sport will cost the athlete **\$110.00**. All additional sports are **\$95.00**. Cross Country, Curling, Aquatics, Track and Field and Golf cost \$80.00 due to reduced transportation costs. (**\$65.00** if it is the student's second or more sport.)

These costs will cover league competition only. Individual teams may charge more for tournaments and trips. Students who play on more than one team will only pay the Banquet Fee once, e.g., second team fee will be **\$95.00**. The fee must be paid before the athlete is issued a uniform for that season. (The initial Banquet fee is not optional.)

#### PART B: PARENT PERMISSION

I give my son/daughter permission to participate in the Athletic Program at Sardis Secondary School and travel to games by school bus or private vehicle (Parents/Coaches). I realize that he/she will miss some class time and is responsible for all missed work.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

#### PART C: ATHLETE

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Team: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Coach: \_\_\_\_\_

I understand that I am making a commitment to this team. I also understand that any violation on my part of the school rules, as set out in the Student Handbook, B.C. School Sports Athletes Code of Conduct and School District #33 Code of Conduct may result in loss of privileges, removal from the team and suspensions.

Date: \_\_\_\_\_ Athlete's Signature: \_\_\_\_\_



School District No. 33, Chilliwack

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## SARDIS SECONDARY ATHLETIC PERMISSION

NAME \_\_\_\_\_ STUDENT # \_\_\_\_\_ GRADE \_\_\_\_\_

DATE \_\_\_\_\_ SPORT \_\_\_\_\_

COACH/SPONSOR \_\_\_\_\_

### PART D: TEACHER CONTACT

Please be aware that this student will be participating in the above mentioned sport for this school year. The Athletic Department does not wish to adopt a minimum grade policy, but are very concerned about effort and behavior. If you have any problems with this student, please contact the Athletic Director or the Coach/Sponsor. Please initial below to indicate this athlete has made contact with you.

### SUBJECT:

**CLASS** \_\_\_\_\_ **TEACHER SIGNATURE** \_\_\_\_\_

DAY 1: PERIOD 1 \_\_\_\_\_

PERIOD 2 \_\_\_\_\_

PERIOD 3 \_\_\_\_\_

PERIOD 4 \_\_\_\_\_

**CLASS** \_\_\_\_\_ **TEACHER SIGNATURE** \_\_\_\_\_

DAY 2: PERIOD 1 \_\_\_\_\_

PERIOD 2 \_\_\_\_\_

PERIOD 3 \_\_\_\_\_

PERIOD 4 \_\_\_\_\_

Sardis Secondary School

Registration and Medical Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ M/F: \_\_\_\_\_

Care Card Personal Health No. \_\_\_\_\_ Birth Date (DDMMYY): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Please note any health problems, physical handicap, emotional difficulty, behaviour problem, or other factors that may limit participation in this program.

Has the student had a previous injury that would require special first aid treatment should another injury occur?

The student has received the regular immunization program administered in BC for diphtheria, Pertussis & Tetanus (DPT); Tetanus and Diphtheria (TD); polio; measles, mumps and rubella (MMR)

Yes No (circle). If no, please explain \_\_\_\_\_

Contact Lenses: Yes No (circle)

Child is subject to:

- ( ) asthma ( ) ear ache ( ) fainting ( ) tonsillitis ( ) eye infection
( ) sensitive skin ( ) seizures ( ) sinus problems ( ) nose bleeds ( ) bronchitis
( ) high blood pressure ( ) headaches ( ) bed wetting ( ) kidney problems
( ) dizziness ( ) sprains ( ) dislocations ( ) motion sickness
( ) frequent colds ( ) muscle pulls ( ) sleep walking ( ) severe allergies (describe below)
( ) other (describe)

Alternate Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that to the best of my knowledge, the information supplied on this form provides a full and accurate account of the required medical information about the above named student. I certify that the state of health of the above named student is such that he/she can undertake the activities included in the "Informed Consent" document for this activity within any restrictions supplied on this form. I will empower the chaperones to authorize any emergency treatment required to the above named student until such time as contact has been made with his/her parents or guardians.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return this Informed Consent Approval to School

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**SARDIS SECONDARY SCHOOL ATHLETICS  
SEASONAL SPORTS/ATHLETIC EVENTS**

**INFORMED CONSENT APPROVAL**

For: Higher Risk Sports - Wrestling, Rugby  
Lower Risk Sports - Soccer, Volleyball, Field Hockey, Basketball, Curling, Golf, Track  
and Field, Cross Country, Swimming

**PARENTAL PERMISSION**

A student **must** have parental or guardian, written and signed, permission in order to participate in any seasonal sport and/or athletic event. Without the signed consent, students will not be able to participate in secondary school sports in Chilliwack School District No. 33.

**PARENTAL CONSENT**

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_  
have read the Informed Consent document that pertains to my son's/daughter's participation in this sport and/or athletic event. I am aware of the inherent risks and potential consequences that may occur as a result of participating in this sport and/or athletic event. My signature here indicates that my child has my informed consent to participate in the stated seasonal sport and/or athletic event.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



# BC SCHOOL SPORTS

Mailing: 20800 Lougheed Hwy, PO Box 97, Maple Ridge, BC V2X 7E9

Location: 21821 - 122nd Ave, Room 1009, Maple Ridge, BC V2X 3X2

Phone: 604-477-1488 • Fax: 604-477-1484

info@bcschoolsports.ca • www.bcschoolsports.ca

## CONSENT TO RELEASE OF STUDENT INFORMATION (FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & REGULATION)

I, \_\_\_\_\_ (Student's printed name), hereby give my consent to (name of school) \_\_\_\_\_ and to its administrators and employees, to the release of the following information to BC SCHOOL SPORTS, its agents and affiliated athletic organizations:

- (a) my full name;
- (b) my sex; (male or female)
- (c) my birth date;
- (d) my grade level (e.g., Grade 11); and
- (e) the year I first entered Grade 8.

I agree that this information may be used by BC SCHOOL SPORTS, its agents and its affiliated athletic organizations in connection with my participation in athletic activities, and with the general administration and promotion of the athletic programs, including the leagues, tournaments, games, clinics and camps, which BC SCHOOL SPORTS, its agents and its affiliated athletic organizations administer and promote.

Signed:

\_\_\_\_\_  
(Student's signature)

Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Parent's signature)

Date: \_\_\_\_\_, 20\_\_



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I, \_\_\_\_\_ (Student's printed full name), hereby give my consent to

**Sardis Secondary School** to use the following information:

- my full name
- my grade level
- sport team participation
- team photo's

I agree that this information may be used by **Sardis Secondary School** in connection with my participation in athletic activities, and with the general administration and promotion of the athletic programs.

Signed:

\_\_\_\_\_  
(student signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(parent signature)

Date: \_\_\_\_\_



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### Bus Transportation Permission Form

By signing below, you permit your son/daughter to ride on any organized bus transportation for Athletics, whether that be by School District #33 bus or private charter.

By signing you are also aware that your son/daughter may not have return bus transportation back to the school, after the athletic event is completed, for competition that is within the City of Chilliwack. This will be communicated to the players by the coach.

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Signature of Parent and Date

