

VSSAA ACES BASKETBALL

530 East 41st Avenue, Vancouver, BC V5W 1P3

Telephone: 604.713.8938

Email: vancouveracesbballclub@gmail.com

Web Page: vancouveraces.com

Athlete Commitment, Medical & Parent/Guardian Consent Form

To the Parent(s)/Guardian(s) of: _____

The purpose of this form is to affirm your support and permission for your child to participate in the **VSSAA ACES Basketball Program**. Please return this form prior to your child participating.

PROGRAM/ACTIVITY INFORMATION

ACTIVITY/EVENT: **VSSAA ACES GIRLS BASKETBALL PROGRAM - SPRING 2022 SESSIONS**

DATE(S) & TIME(S): **TUESDAYS 5:30P-7:15P(DEV only) or TUESDAYS 5:30P-7:15P/ THURSDAYS 6:00P-7:15P or 7:30P-8:45P**

LOCATION OF ACTIVITIES TO BE UNDERTAKEN: **GYMS - JOHN OLIVER SECONDARY; OTHER GAME SITES – TBA (if applicable)**

PROGRAM SUPERVISORS: **PAT LEE (VSB); HARP SOHI (VSSAA); GREG ENG; TIFFANI MARTINEZ; REYLYN LABRADOR**

PARTICIPANT FEE*: **\$20 OPTIONAL- DEVELOPMENT SESSIONS ONLY; \$150 – COMPETITIVE U15/U17 TEAMS PLAY**

**Waiver of portion/all of fees will be approved if there is need for financial assistance in conjunction with individual grant applications – this can be arranged with the program supervisors. The actual estimated cost per player program is over \$300 based on facilities, uniforms, staffing and equipment; however, with donations, sponsorship, and individual participant support we aim to minimize or if needed waive fees. The program philosophy is to remove financial barriers and improve access for local area youth to participate in quality developmental and competitive sport opportunities.*

WHAT TO BRING: **ATHLETIC ACTIVE WEAR AND SHOES, WATER BOTTLE, ANY REQUIRED HEALTH ITEMS**

BEHAVIOUR EXPECTATIONS: **All VSB & school site rules are in effect during program activities.**

SCHOOL SITE RESPONSIBILITIES

The school site will make every reasonable effort to ensure or ascertain that:

- a) the staff, volunteers and/or service providers involved are suitably trained and qualified;
- b) the student participants are adequately supervised over all aspects of the program/activity;
- c) the location(s) used are appropriate and safe for the activity(ies) and group;
- d) a Safety Plan to identify and manage known potential risks and an Emergency Plan to deal with injury or illness is in place.

POTENTIAL KNOWN RISKS AND SPECIAL SAFETY INFORMATION

The purpose of this section is to detail and reinforce with parents all potential known risks of participation to ensure parents/guardians are providing informed consent. There are inherent risks in participating in athletic development and competition activities; proper footwear and attire is required to be worn by participants, and proper, respectful conduct and behaviour is expected at all times.

PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT OF RISK, EXPECTATIONS & RESPONSIBILITY

While program staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, program, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a potential risk of injury associated with the activity.

- My child has been/will be informed that he/she is to abide by the rules and regulations, including directions and instructions from the administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I further agree to indemnify and hold harmless the location of the program, as well as VSSAA Aces Basketball Program and its staff and/or representatives from any and all liability, damage, or expense arising out of my child's participation.
- In the event that I cannot be reached in an emergency, I hereby give permission to a VSSAA Aces Basketball Program Supervisor, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for the immediate health and safety of my child.
- I acknowledge that the program supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- I agree/give my permission to the recording/photographing of myself/my child for usage in skill, game analysis, and as promotion/publicity for the program; any personal identification or further information beyond the digital imaging will require additional consent.
- I consent to and assume all risks and hazards of and incidental to the participation of the above named child in the activities of VSSAA Aces Basketball Program.

I, _____ (name of parent/guardian) give permission for _____ (name of student) to participate in the activity described above, and understand and accept the conditions, expectations and responsibilities as outlined above.

Date: _____ Name of Parent/Guardian (Please print): _____ Signature: _____

Date: _____ Name of Student (Please print): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____ Cell _____

NOTE: Efforts to minimize costs have been made to support student participation. The \$20 fee includes Basketball BC Membership for each individual student. In accordance with the philosophy and principles of VSSAA Aces Basketball Program, no student shall be denied an opportunity to participate because of financial hardship. Please contact one of the Program Supervisors if there is financial need, whether in whole or in part.

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MEDICAL INFORMATION

The following information will be helpful in your child's experience with regard to health and safety.
(Please print carefully and legibly)

Student Name: _____ Birth Date: _____ Email: _____

Grade: _____ School (currently attending): _____

Address: _____

BC Medical Services Plan Personal Health No.: _____ Basketball BC Membership?: Yes - # _____
 No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Inhaler? Yes No Medical Alert Bracelet? Yes No

Immunization Year of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, asthma/respiratory ailments, diabetes, recent hospitalization or surgery, chronic conditions, phobias, etc.): _____

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Family Physician _____ Phone # _____

ACKNOWLEDGEMENT OF CONSENT AND RESPONSIBILITY

I agree to: the responsibility of completing a health screening self-check prior to every program activity and will inform immediately if any illness or symptoms are experienced; to stay home if feeling sick or if experiencing illness symptoms; to follow all health & safety protocols required by the program. I have read the Health Check procedures at:

https://www.vsb.bc.ca/COVID-19/Documents/COVID-19/Daily%20Health%20Check_What%20to%20Do%20When%20Sick_VSB.pdf

Should it become necessary for my child to have medical care during their participation, I hereby give the program supervisor permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. In the event of illness or accident during participation, I will be notified as soon as possible via the emergency contact information listed above.

I understand that if I do not abide by program procedures/guidelines, that I may lose the privilege to participate.

Name of Parent/Guardian (please print) _____ Signature _____ Date _____

Name of Student Participant (please print) _____ Signature _____ Date _____