

# 2024

## VSSAA ACES BASKETBALL

530 East 41<sup>st</sup> Avenue, Vancouver, BC V5W 1P3

Telephone: 604.713.8938

Email: [vancouveracesbbalclub@gmail.com](mailto:vancouveracesbbalclub@gmail.com)

Web Page: [vancouveraces.com](http://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 Girls Basketball Program**. Please return this form prior to your child participating at their first session.

#### PROGRAM/ACTIVITY INFORMATION

ACTIVITY/EVENT: **VSSAA ACES GIRLS BASKETBALL PROGRAM - SPRING/SUMMER 2024 SESSIONS**

DATE(S) & TIME(S): *Training sessions:* Tues/Thu (APRIL)/Tuesdays only (MAY/JUNE) 5:30P-7:30P; Tues/Thu 3P-4:30P//

*Competitions:* Thur 6:00P-7:15P or 7:30P-8:45P (MAY/JUNE); plus tournaments in JULY

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

PROGRAM SUPERVISORS: **PAT LEE (VSSAA); TIFFANI MARTINEZ**

PARTICIPANT FEE\*: **\$25 – DEVELOPMENT SESSIONS ONLY; \$200 – COMPETITIVE TEAM PLAY (please bring cash/cheque to first session)**

*\*Financial assistance (installments, grants, partial or complete waiver) may be available and can be arranged with the program supervisors. The actual estimated cost per player program is over \$500 (competitive program) based on facilities, uniforms, membership fees, staffing and equipment; however, with donations, sponsorship, and individual supports, financial assistance can be provided; the program philosophy is to reduce/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:

- the staff, volunteers and/or service providers involved are suitably trained and qualified;
- the student participants are adequately supervised through all aspects of the program/activity;
- the location(s) used are appropriate and safe for the activity(ies) and group;
- 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 they are 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 involve refraining from further participation and/or that the parent/guardian be contacted to have them picked up, unless other transport arrangements have been specified.
- 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; this may also involve securing transport to emergency medical services as deemed necessary, 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 stated fees include 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.: \_\_\_\_\_ Current 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 (<https://www.healthlinkbc.ca/>); to follow all health & safety protocols required by the program. 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 \_\_\_\_\_