

## Appendix 5

### WILD ROSE SCHOOL DIVISION PARENT CONSENT FOR TEAM SPORTS

ATHLETIC PROGRAM:

PLAYER'S NAME:

GRADE:            AGE:

BIRTHDATE (yyyy-mm-dd):

ALBERTA HEALTH CARE #:

ALLERGIES OR HEALTH CONCERNS

(All information on this page will be shared among the coaches/assistants and school representatives: please sign this page to indicate your agreement according to the Freedom of Information and Protection Privacy Act)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLANNED OUT OF TOWN EVENTS

The sports team will be competing at the following schools/sites:

Date(s) (yyyy-mm-dd)	Location	Date(s) (yyyy-mm-dd)	Location

Please be aware that other events may be scheduled. We will communicate with you further, if necessary.

#### PERMISSION TO TRAVEL:

I hereby give permission for my son/daughter to participate in the athletic program indicated on the form and allow my son/daughter to travel to all events sponsored by the team including over night tournament play and league play.

#### EMERGENCY PERMISSION:

In case of emergency I give permission for the coach or their assistant to arrange for my child to receive medical treatment as necessary. I realize that I will be solely responsible for cost of any such medical treatment that is provided.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_