

Permission to Participate in Physical Activity



Dear Parent/Guardian:

Physical Activity involves certain elements of risk. High levels of physical activity may be required of student participants. Accidents may occur while participating in these activities. These accidents may cause injury, including sprained ankles, twisted knees or lacerations. These types of accidents result from the nature of the activity and can occur without fault on either part of the student, peers, or the teacher. While participating in physical activity programs, the student and parent/guardian are assuming the risk of an accident occurring.

The chances of an accident occurring while engaged in an activity can be reduced by carefully following the instructions provided at all times.

Acknowledgment and Permission

We understand that in participating in the physical activity programs we are assuming the risks associated with doing so. The undersigned grant permission for _____ to participate in physical education classes. We understand that some special activities will require additional permission from parents/guardians. We also understand that it is the responsibility of the student to ensure that parents are made aware of the need for additional permissions for such activities.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Medical Fitness

It is the responsibility of the parent/guardian to ensure that their child is medically fit to participate in physical activity programs. Please indicate below any medical condition which the school should be made aware of or which would interfere with regular physical activities. If there is nothing to report, please indicate that by writing NIL in the lines provided.

The Algoma District School Board recommends the purchase of additional *Student Accident Insurance* for personal injury. Application packages are available at the school.

- Yes I wish to purchase the *Student Accident Insurance*.
- No I do not wish to purchase the *Student Accident Insurance*.

Signature of Parent/Guardian: _____ Date: _____

All course material can be found at superiorheights.com and clicking "Mr. Cond" under the "teachers" link or simply scan code below.





Student Safety Agreement

General Safety Rules for Students in Physical Education

1. Students are to wear appropriate clothing for physical education classes.
2. Jewellery must not be worn.
3. The student must complete and return the following forms:
 - i) Permission to Participate in Physical Activity
 - ii) Student Safety Agreement
4. Students are not to have anything in their mouth during physical education classes.
5. Students are to report immediately all injuries and hazards to the teacher in charge.
6. Students must not engage in horseplay or aggressive behaviour.
7. Students are to follow safety rules of the school and the physical education department and have the rules on file in their course binder.
8. Students are not to undertake any physical activity under the influence of drugs or alcohol. Students under prescribed medication or treatment are to advise their teacher before participation.
9. Students are to follow any additional specific safety rules that may be discussed and/or distributed throughout the course.
10. Students will refrain from using foul or profane language during physical education classes.

Student Safety Agreement

- I agree to abide by the *General Safety Rules in Physical Education* of my school for my own safety and the safety of others. I understand that failure to observe these rules may result in my removal from the area, activity, or the class.

Student Name: _____

Student Signature: _____ Date: _____