



Kitchener-Waterloo Collegiate and Vocational School

787 King Street West, Kitchener, Ontario, N2G 1E3

• tel: 519-745-6851 • fax: 519-745-1549 • <http://kci.wrdsb.on.ca>

September 8, 2015

Dear Parent/Guardian:

Your son/daughter has expressed interest in playing on and/or assisting with the Boys Football Team. We are pleased to welcome your child to our football program and hope that the experience of competing and working toward a common goal will be both rewarding and educational. The purpose of this letter is to inform you of the Athletic Department's and KCI's expectations surrounding your child's participation in this program. The coaching staff has reviewed the **KCI Athletic Code of Conduct** as well as **KCI's Athletic Policy** with your child and he/she should sign the attached copy of the Athletic Code of Conduct indicating an understanding of these policies.

Attached are several forms that require your attention and completion:

- Parent/Guardian/Adult Student Information And Consent For Ongoing Off-Campus Activities Form (IS-04-F-3)
- Off-Campus Medical Information and Consent Form (IS-09-F-6)
- History of Allergy Form (IS-05-HH)
- FS-04-1A5, the Risk Services Form (permits you or your child to transport students in your car)
- Student Accident Insurance Form
- KCI Athletic Code of Conduct Player Information Form

Please read these documents carefully, complete them and return them as soon as possible. **Your child will be unable to participate in travel with the team until the forms are on file at the school.** In addition, all student athletes must have a Student Activities Card and must pay the team fee of \$155 (+ \$60.00 Jersey if applicable). This fee covers the cost of transportation, facilities, uniforms, game expenses and equipment. If you have any questions or concerns regarding our policies and procedures, please do not hesitate to contact one of us at the email addresses below.

A copy of our game schedule will be sent home as soon as it becomes available. Be advised that regular attendance in the classroom is very important, as is regular attendance at all team functions. Please encourage your child to communicate any planned absences with us in advance so that appropriate adjustments/arrangements can be made.

The Waterloo Region District School Board and its sport governing body, Waterloo County Secondary School Athletic Association, believe that good sportsmanship, fair play and respectful conduct as an athlete and/or spectator are very important and we hope that you will encourage your son/daughter to practice and promote this type of behaviour while competing for KCI.

We welcome your positive support of our team and look forward to seeing you often.

Yours in athletics,

Kevin Horn
Head Coach – Senior Boys
kevin_horn@wrdsb.on.ca

Sean Jackson
Head Coach – Junior Boys
sean_jackson@wrdsb.on.ca

FIELD TRIP/EXCURSION INFORMATION FOR PARENT/GUARDIAN/ADULT STUDENT

To be completed by the teacher in charge and kept by the parent/guardian/adult student.

School: Kitchener-Waterloo Collegiate & Vocational School
 Principal: C. Vollmer-Ashley School Phone: 519-745-6851
 Grade/Class/Course: _____ Teacher(s): S. Jackson, K. Horn
 Destination: various destinations within WCSSAA area
 Learning Expectations for the Trip: _____

Departure Date: Various dates as per WCSSAA Time: Various times
 Return Date: _____ Time: _____
 Type of Transportation: Bus Cost of Excursion: _____

Name, Address, and Telephone Number of Travel Agency or other Outside Organization: (if applicable)

Specific Activities of the Excursion: Compete in the WCSSAA boys football league

This is Identified as a Higher Risk Activity: ☐ Yes ☒ No

High Risk Activities are:

| | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Camping | <input type="checkbox"/> Sailing | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Nordic Skiing | <input type="checkbox"/> Alpine Skiing |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Other _____ | | |

Special Information (e.g., clothing, materials, lunch): _____

Teacher in Charge: S. Jackson, K. Horn

Volunteers Needed ☐ Yes ☒ No

If Yes ☐ For Supervision on the Excursion.

☐ For Driving.

KITCHENER – WATERLOO COLLEGIATE and VOCATIONAL SCHOOL

ATHLETIC CODE OF CONDUCT

This Athletic Code of Conduct is applicable to any KCI student who takes on the role of student athlete, coach, official, photographer or manager. Reference to “students” or “team members” indicates any one who is in one of the previously outlined roles.

CONDUCT:

Team members represent the entire KCI community and must conduct themselves as suitable ambassadors for our school at all times. All students are responsible to the Principal and the KCI community for their conduct at any school event including away games and tournaments. It is a privilege to be on a KCI team, not a right.

ACADEMICS:

Team members are expected to be conscientious students and good citizens of the school. School work missed because of athletic participation must be completed to the teacher’s satisfaction within agreed upon timelines. All students in Grades 9, 10, or 11 must be enrolled in a full-time program in order to be eligible to participate. (A full course load is three courses and an MSIP in a semester.)

SPORTSMANSHIP:

KCI team members will, at all times, display good sportsmanship by showing respect when dealing with teammates, coaches, the opposition, officials and spectators.

TRANSPORTATION:

Strict adherence to all school rules while on buses or visiting other schools is expected. All students must be transported in vehicles arranged by the school unless prior arrangements have been made through the coach and only if the appropriate paperwork has been completed and is on file.

FEES / UNIFORMS:

All team members must purchase a Student Activities Card to help defray the cost of athletics to the student body. In addition, for each team that one is a member, there will be an athletic fee specific to that sport. Students must pay the fees prior to the first competition date in order to be eligible to participate. **Athletes who have outstanding fees will not be permitted to practice or play in the subsequent season.** School uniforms must be in good repair and washed upon their return. These uniforms are to be worn for team activities only, unless previously approved by coaches.

ATTENDANCE:

In order to play on a specific game day, the team member **must be in attendance at school and in all classes**. If a student must be absent from school on a game day, s/he must validate that absence ahead of time through the coach and the appropriate Vice Principal. Players must participate fully in health and physical education classes on game days.

INJURIES:

All injuries must be reported to the teacher-coach who will be responsible to complete the Ontario School Boards’ Insurance Exchange Incident Report Form as soon as possible. The completed form **must** be submitted to the appropriate Vice Principal within 24 hours.

VALUABLES:

Players are responsible for the safekeeping of their own personal equipment and valuables during all practices, games and/or field trips.

DRUGS / ALCOHOL:

The consumption of drugs or alcohol is forbidden at any time, on any school premises, or at any school. Alcohol or drug consumption at any school-sponsored event may result in the student being removed from the team and consequences determined by the school administration.

SMOKING:

Since smoking is not considered a good health practice, students are expected to refrain from smoking at least during the sport season. Smoking at any school-sponsored event is strictly forbidden.

COMMITMENT:

Once the commitment to a school team has been made by signing the **KCI Athletic Code of Conduct Player Information Form**, a student must follow through with her/his commitment to the team. It is unfair to teammates and coaches to leave a team during the season. It is also unfair to other aspiring players who have failed to earn a place on the team. As a consequence, any player who quits a team, or does not fulfill her/his commitment to a team, may be ineligible to play on a KCI school team for a period of up to one calendar year.

Any absences by the athlete from practices and/or games must be discussed with the teacher-coach beforehand or as soon after the absence as possible. Excessive absences from classes, games and/or practices could result in the student being removed from the team. This situation will be reviewed by the student’s teachers, coach, the Head of Health and Physical Education and her/his administrator.

If there is insufficient interest in a team resulting from poor practice attendance, poor effort and/or inappropriate attitude, the team will be subject to cancellation and will forfeit the remainder of the season.

KCI ATHLETIC CODE OF CONDUCT PLAYER INFORMATION FORM

Student Information:

School year: 2015 – 2016 Team: ☐ Junior ☐ Senior Sport: Football

Athlete's Name: _____

Homeroom Teacher: _____

Fees:

Student Card must have been purchased ☐

Athletic Fee: \$ 135 (for this team) ☐

Extra Team Fees: \$ 20 (for t-shirt and equipment) → Total Team Fee (returning players): \$ 155

Jersey \$ 60 (for new players only) → Total Team Fee (new players): \$ 215

Please note: Payment plans are available upon request through the coach, the Head of HPE and the student's Vice Principal.

School Equipment Provided to the Athlete:

| Type of Equipment | Replacement Cost |
|-------------------------------------|------------------|
| Helmet | \$200 |
| Shoulder Pads | \$150 |
| Game Pants | \$50 |
| Lower Body Padding | \$30 |
| Girdle, belt, practice attire, etc. | \$30 |

Declaration:

We, the undersigned, agree to be responsible for all of the equipment signed out. It will be returned in good condition or we agree to pay the replacement value of the item(s).

We, the undersigned, have read the KCI ATHLETIC CODE OF CONDUCT and we agree to abide by the terms outlined within. We understand that failure to comply may result in the athlete being removed from the team and may jeopardize any future participation in KCI Athletics.

Athlete's Signature: _____ **Date:** _____

Parent's Name: _____ **Contact number:** _____

Parent's Signature: _____

Parent's Name: _____ **Contact number:** _____

Parent's Signature: _____



Waterloo Region
District School Board

PARENT/GUARDIAN/ADULT STUDENT INFORMATION AND CONSENT FOR ONGOING OFF-CAMPUS ACTIVITIES

Ongoing curricular field trips are defined as off-campus activities, which are part of the curriculum and occur frequently as part of the program. Examples are physical education recreation courses including activities such as skating or golf, or music courses involving a schedule of off-campus concerts.

Ongoing co-instructional field trips are defined as scheduled off-campus sporting events, performances or competitions. Examples are sports team league games, tournaments, and playoffs, choir performances and drama competitions.

For all ongoing curricular and co-instructional field trips, teachers will attach to this form a complete itinerary/schedule showing the times, locations, dates and other arrangements. Please note that dates may change due to unforeseen circumstances.

Activity: Boys Football

Teacher(s) in Charge: Mr. Horn (senior), Mr. Jackson (junior)

Dates: various according to WCSSAA schedule

Medical or Special Concerns/Information:

Element of Risk: The risk of injury exists in every field trip activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well-being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in field trip activities.

Medication: If it will be necessary for your child to take prescription medication during the trip, the parent/guardian must complete the form *Administration of Medication* (IS-98-00). It must be forwarded to the Principal prior to the administration of medication. (*If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form).

Video Surveillance: Please be advised that buses and other forms of public transportation may use video surveillance equipment.

NOTE: If volunteer drivers are used, I give permission for my son/daughter to travel with a responsible volunteer driver. _____ (please check)

_____ has my permission to participate in the ongoing curricular or co-
(Student's Name)
Instructional field trips as described in the attached itinerary/schedule for the current school year.

Date

Signature of Parent/Guardian/Adult Student

Home Phone Number

Work Phone Number(s)

Other name and telephone number of person who can be contacted in the event of an emergency:

Document Management:
Home School

Retention:
Non OSR School File – Current Year

Authorization for the collection of this information is the education Act R.S.O., 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the collection of this personal information should be directed to the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.



OFF-CAMPUS MEDICAL INFORMATION AND CONSENT

(For Category II or III Trips)

PERMISSION

I hereby grant permission for my son/daughter _____
to participate in the off-campus trip to (City/Town/Province/State) _____

leaving the school on (date) _____

and returning to the school on (date) _____

PERSONAL INFORMATION

Parent/Guardian _____

Home Telephone _____

Home Address _____

Business Name and _____

Telephone Number _____

Emergency Contact _____ Telephone _____

_____ Telephone _____

MEDICAL INFORMATION

Medical Problems (Allergies, etc.) _____

Medication (Directions for use, storage, etc.) _____

Family Doctor: _____ Telephone: _____

*For out of province off-campus, additional health coverage (insurance) is required.

Provider Company Name: _____

Policy Number: _____

Procedure in case of emergency _____

COMMITMENT

In consideration of _____ being permitted to participate on this
(Student's Name)

trip, I hereby **agree to accept and pay all costs including transportation and other expenses incurred for the return of my child from the site of the off-campus trip stated in (Permission) for medical reasons or inappropriate behaviour.**

Signature of Parent/Guardian/Adult Student

Date

Document Management:

Home School

Retention:

Non OSR School File – Current Year



MEDICAL HISTORY OF ALLERGIES (JK-12)

This form must be:

- completed for all students who have been identified as having allergies
- Filed with the Student Data form
- Copied and accompany the supervisor on all off-campus trips

Student's Name: (please print): _____

Student's Health Card Number: _____

1. What is the nature of the allergic reaction:

☐ hay fever ☐ asthma ☐ anaphylaxis ☐ other (please explain) _____

2. Identify the allergen(s) to which the person is sensitive:

3. Indicate the **type of medication** and the management ability of the student for their condition (i.e. **EpiPen®**; can s/he recognize and treat a reaction on their own, or is assistance by an adult or medical person required?)

4. What is the level of medical attention required to monitor/treat the allergy?

☐ Non-medical ☐ Family Physician ☐ Allergy Specialist/Other Specialist

5. What is the current level of treatment?

☐ No Treatment ☐ Non-prescription Medication ☐ Hyposensitization
Prescription Medication: ☐ Oral ☐ Topical ☐ Inhalation ☐ Auto-injection

6. For any of the above-mentioned treatments, indicate the frequency of the treatment.

7. Indicate past emergency treatment that was required.

☐ Auto-injection ☐ Doctor ☐ Emergency Department ☐ Hospital Admission
☐ Other (please specify) _____

8. What precautions are necessary on a daily basis?

☐ Avoidance ☐ Regular Medication ☐ Medication, as required
☐ Emergency measures on hand/readily available ☐ Other (please specify) _____

I acknowledge that the information contained on this form may be shared with Waterloo Region District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature/severity of the allergy, I acknowledge that my child's allergy information and/or photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and/or a poster. In the event of an emergency, I give permission for WRDSB to administer an EpiPen or other emergency measures deemed appropriate.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date



STUDENTS PARTICIPATING IN INTERSCHOLASTIC SPORTS

It is important for parents and guardians to be aware that the Waterloo Region District School Board does **not** provide accident insurance coverage for student injuries that occur on school premises or during school activities. Accidents can and do happen. Some injuries incur medical, dental or other expenses that are not covered by provincial health care or employer group plans. As a parent or guardian, you become responsible for these expenses.

We have arranged an Accident and Life Insurance Programme for students. Participation in such a programme is voluntary and the costs are to be paid by the parent or guardian.

For more information please contact: <http://www.staebler.com/86-Student-Accident-Insurance.htm>

| | |
|--|--|
| | I have enrolled my son/daughter in the Student Accident Insurance Programme. |
|--|--|

| | |
|--|---|
| | I have not enrolled my son/daughter and I understand that the Waterloo Region District School Board does not provide individual medical coverage. |
|--|---|

Date: _____

Student Name: _____

Parent/Guardian Signature: _____

**Coaches are to retain a copy of this signed form as part of their records.*



Transportation of Students in Passenger Vehicles Driven by Board Employees, Volunteers or Non-Board Employees

Risk Services

- a) When transportation is provided by private vehicle, the Principal should ensure that those who provide transportation for students have adequate public liability and property damage insurance.
- i) By car: only those who carry a minimum of \$1,000,000 of public liability insurance.
 - ii) By up to 7 passenger van: not less than \$1,000,000 of public liability insurance.
- b) The Principal **shall** keep a record of the names of those employees who meet the public liability insurance coverage indicated above, and only those employees will be allowed to transport students for school activities.

NOTES:

1. Each student transported must have a seat and a seat belt.
2. The Principal should inform drivers that Waterloo Region District School Board provides Non-Owned Automobile Liability Insurance for accidents resulting in damages beyond \$1,000,000, and that the first \$1,000,000 must be covered by the owner's insurance.
3. Waterloo Region District School Board does not allow the use of 15 passenger vans for transporting students and staff for school board related activities.

School/Division: _____ Date: _____

Driver/Owner Assurance of Insurance Coverage

I have read the above requirements and I assure the Principal and Waterloo Region District School Board that the vehicle and driver indicated are covered by at least the minimum amount of insurance indicated. I give permission for my vehicle to be used by the driver indicated to transport students.

Vehicle Make & Licence No.: _____

Please Print

| | | | |
|---------------------|-------|-----------------------|-------|
| Insurance Company: | _____ | Policy No.: | _____ |
| Name of Driver: | _____ | Driver's Licence No.: | _____ |
| Owner's Signature: | _____ | Date: | _____ |
| Driver's Signature: | _____ | Date: | _____ |

A volunteer driver is only required to complete this section once per school year. If any information changes, it is the responsibility of the volunteer driver to inform the school of these changes.

Return completed form to: Risk Services, Purchasing Services, Building 2-2, Education Centre.