



CLAREMONT

A tradition of excellence

SECONDARY SCHOOL

Dear Players & Parents/Guardians,

Congratulations, your child will be participating on one or more of Claremont's athletics teams! The following information is in reference to the _____ team.

In order for your child to be permitted to play on a team the school must collect some specific information and have you consent to several things. Most of this information will be collected via 'Google Forms' and done via a link on our school website. Please go to <https://claremont.sd63.bc.ca/>. Then go to our quick links section on the left side of page. In that navigation bar there will be a link to the google form that reads "Athlete Player Package". Please click that link and fill out completely. This collection of data will only be necessary one time regardless of how many teams your child participates on this year.

As noted in the google application those parents able to volunteer please ensure to do the required Criminal Record Check (CRC) and Volunteer driving form both available on our main site (under parent volunteer) and done online. After completing the 'google' forms there a few other documents in this package that must be returned to the school prior to competition. These forms are as follows (*not all apply*):

- 1) "Medical Information Form" please fill out completely (kept with coach confidentially)
- 2) "Field trip Permission Form (3040-B)" for all students to cover all practices, games, and tournaments played within the CRD (trips outside the CRD will have separate documentation sent home prior)
- 3) "Drivers who are School Students (3040-C)" for Sr students who will be driving themselves and teammates to games.
- 4) "Team schedule" provided by each coach

I have filled out the google player package on line previously this school year YES ___ NO ___

We are asking parents/guardians to pay a one-time Athletics fee when participating on school teams. This \$40 fee will help offset costs during the league play, tourney fees, TOC's, etc as well as including admission at the year-end awards and dinner and Claremont Athletics t shirt.

If you have played for another team this year and already paid the \$40 please circle yes below and the team(s) participated for. YES/ NO Team(s) _____

Uniform deposit(s) will be needed to aid in the collection of uniforms at season's end. A cheque (payable to SD 63) for _____ is required as a deposit. At the end of the season, when the uniform is returned in good condition, the cheque will be voided and destroyed.

We look forward to a great season. Thank you for your support and look forward to seeing you in the stands or on the sidelines.

Sincerely,

Sincerely,

Coach

Darren Reisig, Athletic Director



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High school athletics and sport are BACK!! There are a few guidelines and rules to adhere to but for most part a normal Return to Sport is set for 2021/22

BCSS has followed the Ministry's K-12 guidelines

- all schools and teams will follow local and regional public health orders
- masks are to be worn indoors but are not required by student athletes when involved in 'high intensity' activity. Obviously if students choose to wear a mask they are welcome to.
- proper hand hygiene to be followed
- shared equipment is allowed (cleaning should occur as often as needed)

Training and Competition

- school sport can return immediately
- provincial championships are being planned

Masks

- Not needed in high intensity settings nor at all during activity that is outdoors. During preparation, possibly warm up, stretching, cool down, and low intensity activities athletes may be asked to mask up.
- substitutes or athletes not involved in the active play (on bench) are to mask up
- officials needing a whistle do not need to mask up

Travel

- follow regional public health order and up to each individual district. At this point Saanich has no restrictions

Vaccinations

- no requirement but strongly encouraged by BCSS to do so
- some venues (post-secondary institutions, city facilities, LEC) are **requiring all athletes** who enter their venue to be double vaccinated so all players and parents need to be aware and Coaches and Athletic Director's should check in advance
- As well as venues many restaurants and other public venues will require the student's QR code for entry which could impact events such as team dinners and outings

Spectators

- outdoors - up to 5,000
- indoors - PHO reads 50 or 50% whichever is greater. For Claremont that means approx. 350 within our gym.
- coaches should check in advance with host schools as each district may choose to handle differently
- athletes, coaches, all officials, etc are included in the 50% count

Covid 19 exposure

- the coach and/or AD will inform Admin who will then in turn work with and collaborate with public health officials (AD's are to notify BCSS (no personal info will be required))

For updates and information please check the LVISSAA site at
<https://lowerislandschoolsports.ca/covid-19-info/>



Form 3040-B Field Trip Consent

Teacher:

Date Submitted:

Trip Departure Date and Time:

Trip Return Date and Time:

School: Claremont Secondary

Destination: Various Locations Within CRD for local games, tournaments, and practices

Description of Activity including curricular relevance (if applicable):

League games and tournaments within the CRD.

Class of students:

Grade(s):

Transportation Arrangements: School Bus and/or adult/student driven vehicles (driver forms required)

Number of participating students:

Cost per student: included in athletic fee of \$40

Please complete and return this form to your school as soon as possible along with payment (if applicable) in cash or cheque payable to School District 63.

STUDENT NAME: _____
Please print clearly

- YES, I have been provided with sufficient information about the above planned field trip and give consent for my child to attend.

Parent/Guardian Signature: _____ Date: _____

Please tick this box if you do NOT give your consent:

Please list any medical concerns:

OPTIONAL: Medical Service Plan # _____

Please note that School District 63 does not provide medical, dental or accidental insurance for students.

It is recommended that students carry personal identification for all field trips. This is a mandatory requirement for trips outside of the province.

For a complete version of the School District Field Trip policy, please contact your school office or refer to our district website at saanichschools.ca



Form 3040-C Volunteer Driver Application

School Year: _____

This form is to be completed by drivers of all vehicles used to transport students to official school activities and must be renewed each school year. The original will be filed in the school office.

_____ Parent Student SD63 Employee Other
Driver Last Name Driver First Name

If you checked Parent please provide name of your son/daughter _____

_____ Address including Postal Code

_____ Driver's Phone Numbers (List all)

Adult Drivers must have a valid Criminal Record Check on file with the School District.

DRIVER'S DECLARATION

ALL DRIVERS:

- I have attached a copy of my BC Driver's License.
- I have attached a copy of my Driver's Abstract.
- I have attached a copy of the vehicle registration and insurance documents for all vehicles used to transport students.
- The registered owner of the vehicle has given me permission to drive the vehicle for this purpose.
- The vehicle is insured for a MINIMUM of \$1,000,000 Third Party Legal Liability.
- If the vehicle is equipped with an airbag on the passenger side, then **no student under 13** will travel in the front seat.
- I will ensure that a booster seat secured with a shoulder harness will be used when transporting students over 18kg (40 lbs) until their 9th birthday or they reach 145 cm (4'9") tall, whichever comes first. If a shoulder harness is not available students will be secured with a lap belt only (no booster).
- I will act in accordance with the BC Motor Vehicle Act in every way, including use of seat belts, safe operation of a vehicle, and adherence to the posted speed limits.

I hereby certify that the information given in this application and the documentation attached is correct, complete, and true in every respect. **Further, I agree to inform the school administrator of any changes to the information contained in this application during the school year and to provide documentation for any additional vehicles to be used prior to transporting students.**

Driver's signature: _____

Date: _____

ADDITIONAL FOR STUDENT DRIVERS:

- I will drive within the Capital Regional District ONLY.

PARENT STATEMENT: I approve of my son/daughter transporting students in his/her/my vehicle:

Parent signature: _____

Date: _____

For office use only Approved Signature _____



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SECONDARY SCHOOL Medical Information Form

For safety and emergency reasons, please complete the following form. All information will be confidential. If you have concerns you would like to discuss, please contact Darren Reisig (Athletic Coordinator) at school 658-5221.

Name: _____ Birthdate: _____

Care Card Number: _____

Parent Contact Name: _____

Phone Number: _____ Cell Phone: _____

E Mail: _____

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

To assist us in ensuring your child's safety, please do the following:

- Ensure that your son/daughter carries personal identification at all times on the trip;
- List any medical conditions on the consent form that the supervisors should be aware of;
- If your child is Anaphylactic have them bring their EpiPen on the trip and bring this **to my attention** so a second EpiPen can be brought when necessary (which should be located in the main office).
- Give your son/daughter Care Card number or Care Card.

Do you carry an EpiPen for any reason? Describe _____

Are you currently taking any medication? (Please specify if it is prescription, the name, the reason it is taken, instructions for use.)

Do you have any allergies? (Please specify)

Medications for allergies:

What previous injuries have you experienced? (Broken bones, sprains, etc.)

What recurring injuries do you experience?

Please list any/all medical conditions (heart disease, diabetes, etc.), psychological, and physical conditions (seizures, depression, back problems, joint problems, etc.) that may affect your ability to participate in athletics.