

2023-2024 Football Fees

<u>Tournament & Transportation Fees:</u> (Transportation to and from practices at Central Memorial High School. As well as transportation to and from games at Shouldice Field.)	\$30.00
<u>Celebration Fee:</u> (Night of the Lancer, Team Wrap up)	\$10.00
<u>Team Fee:</u> (SRS/ASAA Registration, Sports Medicine Supplies, Team Photo, Team Filming Fee, Equipment Maintenance/Cleaning, Certified Athletic Therapist at Practices and Games.)	\$120.00
<u>Equipment Fee:</u> (School Equipment User Fee, Mouthguard, Team Socks, and Lancer Clothing Item.)	\$240.00
<u>Total Sport Fee:</u> *Please pay online through Power School or contact Raynell Prince our Athletic Director raprince@cbe.ab.ca	\$400.00
<u>Optional Purchase:</u> Girdle – The optional charge will show up on an athletes Power School account if the athlete needed a girdle at equipment handout. (It is mandatory to have a girdle when practicing & playing.)	+\$45.00

***Please note up to \$400.00 will be charged to an athlete's powerschool account if all school football equipment is not returned at the conclusion of the season.**

Please do not hesitate to contact us with further questions,

Peter McMahon - pgmcmahon@cbe.ab.ca

Raynell Prince - Athletic Director raprince@cbe.ab.ca



**Consent of Parent, Guardian or Independent Student and
“Acknowledgement of Risk”: “A” or “B” Off-Site
Activity/ies
Jr./Sr. Football 2023**

PLEASE READ CAREFULLY

STUDENT NAME: _____

SCHOOL: *Dr. E. P. Scarlett High School*

My child, or I, an “Independent Student” under the Education Act (in either case, the “Student”), will be given the opportunity to participate in the program, activity and/or series of activities referred to in Schedule B.

1. As the parent or legal guardian of the Student, I agree on my own behalf and on behalf of the Student (or, as an Independent Student, I agree) to release The Calgary Board of Education (“CBE”), its Trustees, Superintendents, employees, consultants, agents and volunteers (collectively, the “CBE Group”) and the Service Provider(s) of the program or activity named in Schedule B and its /their respective directors, officers and personnel (together with the CBE Group, collectively, the “Releasees”) from any actions, claims, demands, losses, liabilities, damages, costs and expenses (“Losses”) arising from or related to:
 - a) the program and activity/ies and any services provided to the Student during the program and activity/ies, except to the extent of Losses arising from the negligence or wilful default of any of the Releasees;
 - b) any risks and hazards inherent in or arising from the program and activities, whether foreseeable or unforeseeable;
 - c) any delay or failure to perform the program or activity/ies or related services arising due to events beyond the reasonable control of the Releasees, including without limitation, as a result of acts of God, fire, flood, epidemic, earthquake, terrorist acts, acts of war, governmental actions or changes of law; and
 - d) transportation of the Student to and from the activity/ies, including in the course of embarking or disembarking from any mode of transportation.
2. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that:
 - a) the supervisors and staff of the Service Provider are fully trained and qualified to supervise and direct the activities;
 - b) any CBE teacher or personnel accompanying the participants during the program and activities are trained and skilled as applicable;
 - c) the location and/or facilities at which the activities are carried out meet applicable health and safety standards;
 - d) any equipment made available to the Student by the Service Provider for use in the activity has been inspected by it and is deemed by it to be appropriate, safe, and well maintained;
 - e) the Student will be asked to participate in activities during the program or activity/ies that are age and observable skills appropriate; and
 - f) the Service Provider has taken all reasonable steps to ensure that any animal(s) involved in the activity are safe.
3.
 - a) I have been provided by the CBE with information about the program and activity/ies, including the general nature of certain foreseeable risks and hazards associated with the program and activity/ies as indicated in Schedule B. However I understand any such risks that may have been identified by the CBE do not constitute a comprehensive and exclusive list of foreseeable or unforeseeable risks. I am not relying solely upon such information provided by the CBE and I reserve the right to obtain additional information upon such basis as I determine.
 - b) I voluntarily acknowledge and assume on my behalf and on behalf of the Student (or I, as an Independent Student, assume) the risks and hazards, known and unknown, inherent in the nature of or arising from or related to the program and activity/ies and I understand and acknowledge that the Student (or, as an Independent Student), as a participant in the program and activities, suffer personal and potentially serious injury, illness, property damage or loss due to the foreseeable and unforeseeable risks inherent in or related to the program and activity/ies.

Consent and Acknowledgement of Risk

4. I confirm that the Student (or I, as an Independent Student) shall comply with the CBE's policies in effect from time to time (as contained on CBE's website or as otherwise disclosed to me by CBE) and any applicable CBE or school Code of Conduct and the rules of the Service Provider (as disclosed to me) in respect of the program and activity/ies as well with the directions and instructions of the CBE and/or Service Provider(s) with respect to the program and activity/ies.
5. I acknowledge that the failure of the Student (or my failure as an Independent Student) to abide by the CBE and/or Service Provider instructions and directions and with any applicable laws during or related to the program and activity/ies may result in exclusion of the Student (or me, as an Independent Student) from the program and activities, in which event, I, as a parent or guardian will transport the Student (or I, as an Independent Student, will be responsible for departing) from the location of the activities.
6. I acknowledge that it is my responsibility to advise the CBE of any medical and health concerns as well as dietary restrictions that may affect the Student's participation (or my participation as an Independent Student) in the program and activity/ies and I consent to the sharing of such information by the CBE with the Service Provider(s) and all of their respective applicable personnel and applicable professional medical personnel as reasonably required.
7. I acknowledge and agree that the CBE and/or the Service Provider may take any actions they deem necessary for the Student's safety, health and well-being and, in the case of a medical emergency, may seek professional medical treatment and/or may transport or arrange to transport the Student (or me as an Independent Student) for emergency medical care, at my expense.
Schedule A to this Consent is a Medical Information form that I shall complete, sign and return with this form to the CBE and I warrant that the information contained therein concerning the Student is complete and up to date.
8. I understand that I am responsible for the Student's (or, as an Independent Student, my) illegal activities arising during the program and activity/ies (including theft, vandalism or using or trafficking in illegal substances or non-prescription drugs).
9. I confirm that this Consent shall be binding upon me and, if I am a parent/legal guardian of a Student, that it shall also bind the other parent or legal guardian of the Student and the Student so that if the other parent or legal guardian or the Student shall commence any action or claim against any of the Releasees in respect of the matters herein, I indemnify the Releasees from any Losses arising therefrom.
10. I confirm that I have had the opportunity to seek independent legal advice prior to signing this Consent.

Signature: (Parent/Guardian or Independent Student)

Print Name

Contact Telephone Number

Date

Schedule A

IMPORTANT - Medical Information

Medical Information: (Teacher will have a photocopy of this information during the Off-Site Activity/ies to address health and medical needs including emergencies and may share this information with others as deemed necessary.) Can be typed or handwritten - MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT

Activity: Practice at Central Memorial High School, Practice, Junior and Senior CSHSAA league Football Games , Practice at Central Memorial High School

Date(s): 20/06/23, 22/06/23, 25/08/23, 25/08/23

Student Name:

Date of Birth (yy/mm/dd):

Drug Allergies?

☐ No ☐ Yes Specifics/Severity:

Food Allergies?

☐ No ☐ Yes Specifics/Severity:

Insect Allergies?

☐ No ☐ Yes Specifics/Severity:

Other Allergies?

☐ No ☐ Yes Specifics/Severity:

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)

☐ Yes
☐ No

If "yes", please elaborate. Include activities to be restricted or modified.

Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

Medication storage requirements:

Are there any known side effects to above medication(s)? If "yes", please describe:

Does the student have any psychological or emotional problems? If "yes", please describe:

Are there any recent injuries to be concerned about? If "yes", please describe:

Medical Treatment Restrictions (if any) e.g. blood transfusions:

Dietary Restrictions (if any):

Additional Instructions/Information:

Emergency Contact 1:

Name:

Home:

Mobile:

Work:

Emergency Contact 2:

Name:

Home:

Mobile:

Work:

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. Unless indicated otherwise in the Student Health Plan, the CBE, its teachers and staff will not administer the medication or supports but during school activities, shall store the medication and supports and supervise the student in self-medicating. The parent/legal guardian/Independent Student shall notify the Teacher of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

If the student is registered in a CBE High School, the requirement of teacher/staff supervision of self-medication by the student and of storing medication may be waived by the parent/legal guardian/Independent Student by marking in the box below with an "X":

☐ I do not wish the CBE, its teachers/staff to store the student's medication or supervise the self-medication by the student.

Please note that:

1. the provisions contained in this form are subject to the CBE's Administrative Regulation 6002, as amended from time to time (available for view on the CBE website) and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Notwithstanding any of the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken, unless indicated otherwise in the Student Health Plan. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged. I confirm that the Teacher has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform the Teacher immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student prior to or during the off-site activity or trip in which the student shall be a participant. I further agree to the following:

- a) **in the event of a medical emergency involving the student, the Teacher or his/her designates and any applicable CBE personnel or the Service Provider service provider may seek immediate professional medical assistance and CBE may disclose the information concerning the medications and all other relevant personal information concerning the student to professional medical advisors or paramedics as reasonably required; and**
- b) **if the medications are missing or damaged during the course of the off-site activity or trip, I release the CBE and any off-site service provider and its and their respective personnel, trustees, directors, officers, employees, consultants, agents, volunteers and representatives from any claims, actions, losses, damages, liabilities and costs arising therefrom.**

Date

Name (please print)

Signature (Parent/Legal Guardian/Independent Student)

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the Education Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your School Principal or Corporate Risk Management at (403) 817-7404.

CAN: 20964904.3

Schedule B: Program/Activity Information

Teacher In Charge:	McMahon, Peter G
Service Provider(s):	

Activities

Activity	Location/Destination	Departure (dd/mm/yy)	Return (dd/mm/yy)
Practice at Central Memorial High School	Central Memorial High School	20/06/23	20/06/23
Practice	Central Memorial High School	22/06/23	22/06/23
Junior and Senior CSHSAA league Football Games	Shouldice Athletic Park. 1515 Home Road NW	25/08/23	25/11/23
Practice at Central Memorial High School	Central Memorial High School	25/08/23	25/11/23

Risks/Hazards

Source	Risk
Outside	Environmental allergens
Outside	Horseplay
Outside	Lightning
Outside	Sunburn
Outside	Dehydration
Athletics	Equipment failure
Athletics	Inherent risk of activity
Athletics	Physical contact
Athletics	Sport-specific injuries
Athletics	Dehydration
Entire trip	Slips, trips and falls
Entire trip	Getting lost or separated from the group
Entire trip	Pre-existing medical conditions
Entire trip	Weather conditions
Entire trip	Possibility of a student being filmed or photographed
Entire trip	Exposure to infectious diseases (eg. COVID-19 virus, SARS, MERS, influenza)
Transportation - Vehicle	Mechanical failure
Transportation - Vehicle	Poor Driving Conditions
Transportation - Vehicle	Delay
Transportation - Vehicle	Accidents
Site	Environmental allergens
Site	Equipment failure
Site	Fire & Evacuation

Site	General public in change rooms
Site	Horseplay
Site	Theft
Site	Fear of Heights
Site	Fear of Enclosed Spaces
Site	Animal Allergens

LANCER ATHLETE CODE OF CONDUCT



1. It is a privilege and not a right to take part in Dr. E.P. Scarlett High School extracurricular activities. As a member of a school team you become an important representative of Dr. E.P. Scarlett High School and are expected to be responsible to maintain a high degree of self-discipline and decorum both inside and outside the school.
2. All participants, staff, and community volunteer coordinators must be prepared to make a serious commitment to the team and its members. This includes regular attendance at all meetings, practices, games and events.
3. Regular attendance at classes and the maintenance of a sound academic standing are required for participation in extracurricular activities. The classroom teacher will use professional discretion to determine whether a student is achieving acceptable standards of behavior and academic standing. It is understood that a number of classes may be missed because of involvement in organized extracurricular activities, which makes regular attendance at classes even more crucial. It is understood that students are responsible to make up for material missed due to extracurricular absences.
4. A positive attitude and willingness to cooperate with all teachers/coaches/coordinators and students, opponents, officials, and teammates are prerequisites to inclusion on a Dr. E.P. Scarlett High School extracurricular team.
5. In order to track the progress of students, it will be mandatory for each student to hand in a signed code with a parent signature at the start of an activity. Failure to do so will mean that the student will not participate in any events until the form is signed. Throughout the term in which the team is active, any individual staff member may flag a student who has not been following the code. Once a student has been flagged, the Athletic Director alongside administration will set up a contract with the student and teacher/coach.
6. Failure to comply with any of the above statements may result in temporary or permanent dismissal from an activity or the team.
7. The student and parent, by reading the above statements and signing this form, indicate an understanding of its intent and a willingness to take part in the activity subject to these conditions.

Student name

Student Signature

Date

Parent name

Parent Signature

Date

LANCER PARENT CODE OF CONDUCT



Parental support is critical to the success of all of our sports programs. Through your encouragement and good example, you can help assure that all young women and men learn good sportsmanship and self-discipline. At Dr. E.P. Scarlett High School, young people learn to work together, to sacrifice for the good of the team, to enjoy winning and deal appropriately with defeat, all while becoming physically fit and healthy. Parents will show good sportsmanship and respect to coaches, players, other teams, other parents, and game officials at all times

- ☐ *Parents are encouraged to cheer on the Lancer players and show good sportsmanship for good play of our opponents.*
- ☐ *No parent shall curse, swear, or use any language during practices or games.*
- ☐ *No parent will argue with the coaches, another parent, the other team, or the officials.*
- ☐ *Parents will maintain self control at all times.*
- ☐ *Disrespect to any coaches, other parents, opponents, or officials will not be accepted.*
- ☐ *Negative or disparaging type public comments will be unacceptable.*

Protocol for Communication between Athletes/Parents and Coaches

Parents are encouraged to have their athlete speak with their coaches if they have any questions or concerns about the program, and follow the chain of command, which is:

1. The athlete is to set up a meeting with their coach. Many concerns can be resolved through this process.
2. If the meeting with the coach does not provide a resolution the athlete with their parent are to set up a meeting with their coach and athletic director.
3. Finally, if the concern can still not be resolved a senior administrator (assistant Principal/principal) will be brought in to meet with the athlete, parent, coach, and athletic director.

These conversations should:

- ☐ Always be in private.
- ☐ Always be professional.
- ☐ Always be with the team in mind.
- ☐ And, be conducted after a 24 hour cooling off period.

I agree that I have read and understood the rules and guidelines as set forth in the "Lancers Parent Code of Conduct". Further, I understand that should I fail to abide by the aforementioned guidelines, I may be subject to disciplinary action that could include, need not be progressive and may not be limited to the following:

- ☐ Verbal warning by the official, head coach, athletic director, school principal, or police.
- ☐ A written warning.
- ☐ Game(s) suspension with written documentation of incident kept on file.
- ☐ Season suspension

ATHLETE'S NAME _____ SPORT/TEAM _____

Agreed to by: (Parent/Guardian)

(Print) _____

(Print) _____

(Signature) _____

(Signature) _____

ALBERTA SCHOOLS' ATHLETIC ASSOCIATION

Completion required by student and parent/guardian
in order to access ASAA competition



Retain Form at school for submission to CSHSAA and the ASAA if requested

ACKNOWLEDGMENT AND AGREEMENT (Student /Guardian) School Year: 2023-2024

WHEREAS the Alberta Schools' Athletic Association ("ASAA") is a voluntary, non-profit organization that has been established to coordinate a program of worthwhile athletic activities for the young people of Alberta in an educational setting;

AND WHEREAS Dr. E.P. Scarlett High School [NAME OF SCHOOL] is one of more than 400 member high schools which together ultimately determine the policy of the ASAA through representation on the Board of Governors of the ASAA;

AND WHEREAS Dr. E.P. Scarlett High School [NAME OF SCHOOL] is also a member of the Calgary Senior High Schools' Athletic Association ("CSHSAA") which also has Bylaws, Rules and Policies which govern the participation of Dr. E.P. Scarlett High School [NAME OF SCHOOL] in athletic activities

AND WHEREAS it is not in the best interests of any of the student athletes who are served by the work of the ASAA and CSHSAA for them to spend resources responding to court applications brought by individual student athletes, their parents or guardians;

We, [Student and guardian], acknowledge and agree as follows:

1. We have had an opportunity to review the Bylaws and Policies of the ASAA and CSHSAA which are available for our review at:
-- <http://www.asaa.ca>
-- <http://calgaryhighschoolsports.ca/index.php>
And in particular have read and understand the obligation of full and honest disclosure set out in the ASAA policy handbook.
2. We will accept the outcome of any appeal process available through the ASAA or CSHSAA or any decision by, them regarding any matter concerning me or any other athlete registered as a student at Dr. E.P. Scarlett High School [NAME OF SCHOOL] or any coach of a Dr. E.P. Scarlett High School [NAME OF SCHOOL] team as final and binding on us.
3. We acknowledge that any application for a review of any decision of, or an outcome of an appeal process of, the ASAA or CSHSAA by a Judge in a court of law must be brought by the administration of Dr. E.P. Scarlett High School [NAME OF SCHOOL] and not by us.
4. Dr. E.P. Scarlett High School [NAME OF SCHOOL]'s Membership in the ASAA and CSHSAA is a privilege and not a right.
5. We, authorize Dr. E.P. Scarlett High School [NAME OF SCHOOL] to provide a copy of this document to the ASAA and CSHSAA to use or publish in any manner they see fit.

Student Name (print)

Student Signature

Date

Guardian Name (print)

Guardian Signature

Date