

**Administrative Procedure 314 – Appendix C – Parental Authorization Form**

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**CONCUSSION PROTOCOL  
PARENTAL AUTHORIZATION TO PARTICIPATE  
IN COMPETITIVE SPORTS**

This form shall be completed by the custodial parent/legal guardian of every aspiring player before participation in any competitive sport under the jurisdiction of Elk Island Catholic Schools' athletic association(s) before a practice or game is permitted. Parents are advised that there exists an element of risk or injury that is inherent in sport participation.

**ACCIDENT INSURANCE NOTICE**

The school division does not provide any accidental death, disability, dismemberment/medical/ dental expenses insurance on behalf of students participating in competitive sport activities. The school may offer for purchase by parents a variety of enhanced accidental insurance packages. Parents are encouraged to consider purchasing additional student accident insurance.

**ELEMENTS OF RISK NOTICE**

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck and back. While the Board does require appropriate supervision, parents should be aware that there may be an element of risk injury in trying out or taking part in competitive sporting activities.

**AUTHORIZATION TO PARTICIPATE**

I/we hereby grant permission for my son/daughter (name) \_\_\_\_\_  
registered in (school) \_\_\_\_\_ to participate in competitive sports  
for the \_\_\_\_\_ school year.

I/we understand there exists an element of risk of injury inherent in competitive sports participation and therefore acknowledge, by signing this form, that the division recommends, but does not require additional accident insurance coverage for participation in competitive sports activities. I agree the school board or its employees shall not be liable for any injury to my child or loss or damage to personal property arising from participating in school athletic events. I/we have read and understand the notices of accident insurance and elements of risk.

Name: \_\_\_\_\_  
Custodial Parent(s) / Legal Guardian (s)

Signature: \_\_\_\_\_  
Custodial Parent(s) / Legal Guardian (s)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_