



Dear Parent / Guardian:

Your child/ward has indicated a desire to participate on the interschool team. The decision to join a school team is a serious commitment, it should not be entered into lightly. Please be sure that your student athlete is able to commit to the entire season prior to completing the following package. It is the player's responsibility to let their coach know about any conflicts with the team's schedule well in advance to avoid any miscommunication.

Travel will be done by school bus, approved volunteer driver, or parent/guardians who are responsible for getting their student athlete to the event.

The content of this package will provide you with information on the interschool program. Parents/guardians and student athletes are required to review and complete the following pages regarding:

- Emergency Contact/Medical Information
Complete the information page and return to the coach for daily reference
- Release of Student Information for Eligibility
Read, review and sign off on the checklist
- Informed Consent for Athletics
Read, review and sign off on the checklist
- Student Athletic Policy / Code of Conduct
Read, review and sign off on the checklist
- Parent Code of Conduct
Read, review and sign off on checklist
- LKDSB / Rowans Law
Read, review and sign off on the checklist
- Volunteer Driver/PVSC Policy and necessary documentation
- Commitment to Diversity and Justice
Read, review and sign off on the page provided.
- Complete the portion of the form that applies to your child to indicate how the athlete can be transported to and from games.
- If you are willing and able to be a volunteer driver, complete the volunteer driver and PVSC form

Note: A student is ineligible to participate in practices or competitions without first providing the coach with the completed forms.

Athletic Fees

With the rapidly rising costs of high school athletics Blenheim District High School will be charging a user fee for all sports. The fee is \$50 per season for all sports except cross country \$40, and Curling \$40. ***FEES ARE BEING COLLECTED USING SCHOOL CASH ONLINE.***

Volunteer Driver Policy

- **Volunteer Drivers (parents/guardians) must have a “vulnerable sector check”**
Completed by the Police in order to drive other students that are not your own child. The cost to have this check done is \$15 and can be completed online and picked up at the Police station. This check is good for 5 years, with an annual declaration to be completed at the school. Schools must have a copy of this check in order to drive students.
- **Students can no longer drive students**

Peter Kistulinec
CL - Physical Education & Athletics

Elsa Natvik
Principal

EMERGENCY CONTACT/MEDICAL INFORMATION, ACKNOWLEDGMENT OF RISKS AND PERMISSION TO PARTICIPATE FORM

Print this form and return to Coach

Parents/Guardians are requested to complete the following form and return it to the appropriate school personnel. Please Note: the student is ineligible to participate in practices or competitions without first providing coach/teacher with the completed form.

Please sign this form indicating your consent regarding this student participating in all of the activities for the _____ team.

STUDENT INFORMATION:

Print Student's Name

Date of Birth

Player's Cell Phone Number

Player's Email

Parent / Guardian Name

Home Phone Number

Parent's / Guardian's E-Mail

Emergency Contact Name

Emergency Contact's Phone

Family Doctor's Name

Doctor's Phone

Please outline any allergies or medical conditions of which the coach/teacher should be aware of:

Parent/Guardian Signature: _____

Student Signature: _____

STUDENT PERSONAL INFORMATION FOR TEAM ELIGIBILITY:

I GIVE CONSENT FOR THE RELEASE OF PERSONAL INFORMATION THAT IS NECESSARY FOR THE PURPOSE OF DETERMINING ATHLETIC ELIGIBILITY FOR LKSSAA, SWOSSAA AND OFSAA PLAY.

The information used will remain confidential and will only be shared with the school athletic director and LKSSAA Coordinator.

All privacy concerns related to the sharing of information can be addressed at OFSAA link below.

<https://ofsaa.athletesystems.ca/static/privacypolicy.pdf>

LKDSB / LKSSAA INFORMED CONSENT/PERMISSION FOR ATHLETICS

(Students Under 18 Years)

*** Read, review and sign off on checklist

Athletic activities involve certain elements of risk. Injuries may occur while participating in these activities.

The risk of sustaining injuries results from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

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

If you choose to participate you must understand that you bear the responsibility for any injury that might occur.

The Lambton Kent District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of students. Student Accident Insurance may be purchased on a voluntary basis. Please discuss with the school office, if interested.

Please click on the link below to review any safety document policies that are required while participating in interschool sport at the LKSSAA level, whether it be a game or practice.

<https://safety.ophea.net/safety-plans?module=secondary>

ACKNOWLEDGEMENT/PERMISSION

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO. WE ARE AWARE THAT REGULAR ATTENDANCE AT SCHOOL IS NECESSARY FOR STUDENTS NOT PARTICIPATING IN THE FIELD TRIP. WE UNDERSTAND THAT IT IS OUR RESPONSIBILITY TO MAKE THE SCHOOL AWARE OF MY CHILD'S ACCESSIBILITY AND/OR OTHER ACCOMMODATION NEEDS.

Student Athletic Policy

*** Read, review and sign off on checklist

The purpose of the extra-curricular athletic programs in the Lambton Kent District School Board is to provide student-athletes with an enjoyable and challenging athletic environment, emphasizing the development of both physical skills and character. The program's aim is to invoke sportsmanship, a strong work ethic, a spirit of cooperation, leadership and those character traits inherent in being a team member, including commitment, integrity, loyalty, maturity, respect and fair play.

Students have an opportunity to learn a great deal from their participation in interscholastic athletics, including lessons in sportsmanship, teamwork, competition and healthy lifestyles. The program plays an important part in assisting the individual student athlete in developing a healthy self- concept in addition to a healthy body and mind.

Program Goals:

- To offer a varied and safe athletic program that allows student athletes an opportunity to participate.
- To provide a quality athletic program staffed with competent personnel.
- To develop the concept of team sport among athletes, coaches and parents.
- To teach the fundamentals and techniques of each sport in a progressive, planned sequence appropriate for student-athletes at the high school level.
- To foster the positive aspects of competitive athletics
- To provide opportunities for the development of citizenship

Expectations and Standards for Student-Athletics

Participation in athletics is a privilege available to all students. The school provides facilities, coaching and equipment. The school reserves the right to revoke or restrict the privileges of participation if a student fails to meet the expectations and standards as outlined below.

1. Regular, punctual attendance in all classes is essential to participation in the athletic program. A student-athlete truant from class may be ineligible to participate in the next scheduled contest. Three violations of this policy during the season will result in dismissal from the team. If an athlete is truant from school on a particular day, the athlete may not be present or take part in athletic activities on that day.
2. Students are expected to maintain academic integrity in all classes and follow the school's code of conduct policy (i.e. behaviour, respect, safety) in order to be eligible to participate. Violations of the school's code of conduct may jeopardize a student-athletes' ability to participate in athletics.
3. Athletes are expected to be at all scheduled practices unless arrangements have been made with coach in advance. Persistent absence from practice may result in dismissal from the team.

Expectations and Standards for Student-Athletics (continued)

4. Students involved in several activities should know their schedule so conflicts can be resolved with the coach at the beginning of the season. This might include athletics, music, community service, drama, etc.
5. Any athlete who quits a team without consulting with coaches may not be ineligible for any sport for one year from the time they quit.
6. Athletes and parents are financially responsible for all school equipment supplied to them. The student will be billed for replacement cost of any items damaged and/or not returned at the end of the season.
7. Athletes are to be dressed in official team uniforms and protective gear when competing for the team. These uniforms are to be worn only for athletic competitions and not for physical education classes or recreational use. Wearing these uniforms on a game day is permissible on special occasions.
8. All student athletes are valuable members of their respective teams. If students have concerns regarding their position on the team, the issues should first be taken up with their coach. If necessary, the Athletic Director may also become involved in order to resolve the issue/s.
9. Athletes playing on a school team will pay a fee per sport to help cover costs. Financial considerations and alternate payment methods will be given to any parent, guardian, or student experiencing financial hardship that may limit the students access to participating.
10. Athletes are expected to help prevent injury or concussions by engaging in safe play, wearing proper equipment and respecting the rules of the sport.
11. Athletes should be aware that participation in sport has an inherent risk of injury. Any injury needs to be reported to the coach immediately following the incident.

Appeals

If a student feels they have been unfairly treated after consultation with their coach, they have the right to appeal to the school's Athletic Advisory Committee. Please see the Athletic Director and a meeting will be scheduled. All decisions rendered by the Athletic Committee are final. Please remember extra-curricular activities are a privilege, not a right.

LKDSB Student Athlete Code of Conduct

As a student, I am committed to the following safety and concussion protocol:

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the coach.
- I will not pressure injured teammates to participate in practices or games/competitions.
- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing injuries and or concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.
- I will follow my coach's instructions about the proper progression of skills and strategies of the sport.
- I will talk to my coach if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.
- I have read and am familiar with an approved Concussion Awareness Resources provided by my coach.
- I will remove myself immediately from any sport and will tell the coach or caring adult if I think I might have a concussion.
- I will tell the coach immediately when I think a teammate might have a concussion.
- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the coach, that I will be removed immediately from the sport.
- I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosis as soon as reasonably possible that day and will report the results to appropriate school staff.
- I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident, and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.
- I will communicate with my coaches, parent/guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.

- I understand that I will have to follow the Return to School Plan if diagnosed with a concussion.
- I understand that I will need a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in “non-contact sports” or returning to a practice that includes full contact in “contact sports”.
- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to School Plan.

Parent/Guardian Code of Conduct

*** Read, review and sign off on checklist

As a parent/guardian, I am committed to:

Maintaining a safe learning environment

- I will encourage my child to bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- I will ensure the protective equipment that we provide is properly fitted as per the manufacturer's guidelines, in good working order, and suitable for personal use.

Fair play and respect for all

- I will follow the school board's fair play policy and will support it by demonstrating respect for all students, coaches, officials, and spectators.
- I will encourage my child to demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- I will not pressure my child to participate in practices or games/competitions if they are injured.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will encourage my child to learn and follow the rules of the sport and follow the coach's instructions about prohibited play
- I will support the coach's enforcement of consequences during practices and competition regarding prohibited play.
- I will respect the decisions of officials and the consequences for my child for any prohibited play.

Implementing the skills and strategies of an activity in a proper progression

- I will encourage my child to follow their coach's instructions about the proper progression of skills and strategies of the sport.
- I will encourage my child to ask questions and seek clarity regarding skills and strategies they are unsure of.

Providing opportunities to discuss potential issues related to concussions

- I will encourage my child to participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- I will encourage my child to talk to their coach/caring adult if they have any concerns about a suspected or diagnosed concussion or about their safety in general.

Concussion recognition and reporting

- I have read and am familiar with an approved Concussion Awareness Resource identified by the school board [link to awareness resource].
- I understand that if my child receives a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach my child will be removed immediately from the sport, and:
 - I am aware that if my child has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and I will report any results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases my child must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, I will inform the appropriate school staff and I understand my child will be permitted to resume participation.
- If signs or symptoms emerge, I will have my child assessed by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and will report the results to appropriate school staff.
- I will inform the school principal, coach and/or other relevant school staff when my child experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- I will inform the school principal, coach and/or other relevant school staff any time my child is diagnosed with a concussion by a medical doctor or nurse practitioner.
- I will encourage my child to remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- I will encourage my child to inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- I will share with the coach, school staff, and/or staff supervisor of all sport organizations with which my child has registered if/when my child has experienced a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to School Plan for students with a concussion diagnosis

- I understand that if my child has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- I will ensure my child receives a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".
- I will follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

Concussion Code of Conduct for Athletes/Parent/Guardians (for athletes under 18 years of age)



*** Read, review and sign off on checklist

As per Rowan’s Law, it is mandatory that all student athletes and parents are aware of concussion signs, symptoms and board policy. Please review the Concussion Video and resources at: <https://www.lkdsb.net/Elementary/ConcussionProtocol> You will be required to sign off that you completed this step in the student and parent code of conduct.

Please be aware, if an athlete experiences a situation during practice or game and the coach/official/athlete suspects a possible concussion, the following checklist will be followed. Any red flag symptoms of a concussion will result in immediate medical attention being sought for the student via 911. For other signs and symptoms, the parent/guardian will be contacted and students should be taken immediately for medical supervision. Following the medical checkup, the mandatory Medical Concussion Assessment Form must be completed. This information will be provided to the parent by the coach at that point in time, and can be accessed using the link above.

It is the responsibility of the student/parent and school officials to complete the mandatory return to learn and return to play policies of the school board, in collaboration with the school team.

A sample of the concussion checklist, return to learn and return to play stages are listed below for quick reference. Full package and information can be found online using the website above.

Red Flag Symptoms of a Suspected Concussion * if any one or more present, call 911 and seek immediate medical support	
<input type="checkbox"/> <input type="checkbox"/> deteriorating conscious state tenderness	<input type="checkbox"/> <input type="checkbox"/> neck pain or
Possible Signs Observed <i>A sign is something that is observed by</i>	Possible Symptoms Reported <i>A symptom is something the</i>
<input type="checkbox"/> <input type="checkbox"/> Balance, gait difficulties, motor incoordination, stumbling, slow labored movements <input type="checkbox"/> <input type="checkbox"/> Blank or vacant look <input type="checkbox"/> <input type="checkbox"/> Disorientation or confusion, or an inability to respond appropriately to questions <input type="checkbox"/> <input type="checkbox"/> Facial injury after head trauma <input type="checkbox"/> <input type="checkbox"/> Laying motionless on the playing surface (no loss of consciousness) <input type="checkbox"/> <input type="checkbox"/> Slow to get up after a direct or	<input type="checkbox"/> <input type="checkbox"/> Balance problems <input type="checkbox"/> <input type="checkbox"/> Blurred vision <input type="checkbox"/> <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> <input type="checkbox"/> Difficulty remembering <input type="checkbox"/> <input type="checkbox"/> Dizziness <input type="checkbox"/> <input type="checkbox"/> "Don't feel right" <input type="checkbox"/> <input type="checkbox"/> Drowsiness <input type="checkbox"/> <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> <input type="checkbox"/> Feeling like "in a fog"

Return to Learn – each step must be symptom free for 24 hours before progressing to the next one

Home Management Plan

Initial Rest - for a minimum of 48 hrs or until symptom free, no school, no screen time, reading or physical activity

Stage 1&2 – short activities (15 min or screen time 1 – 2 times daily, leading up to limited technology and short school work

School Management Plan

Stage 3a and 3b – attend shortened days, no tests, no homework or assignments, avoid loud environments or carrying heavy items

Stage 4a and 4b: – back to full days, completing homework, working up to full participation

(Each situation is unique and requires the participation of the school/home team)

Return to Play – each step must be symptom free before progressing o the next one

Home Management Plan

Step 1: No Activity – only complete rest 24 – 48 hrs

Step 2: Light Activity/Exercise – short walks, stationary bike, swimming, no resistance or weight training

School Management Plan – with medical consultation

Stage 3: Sport Specific Activities – 20-30 min activity, up to 2 times per day, no body contact or movements with high speed stops or jarring motions

Stage 4: Sport Specific Practice with Team – no body contact – start slowly with one or two teammates then increase to full team, resistance training can begin at a low level with gradual increase as tolerated

Stage 5: Begin Drills with Body Contact – regular practices

Stage 6: Game Play

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability. Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.* *(Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition immediately, or tell an adult if I think another athlete has a concussion.)*
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

LKDSB PVSC Clearance / Annual Declaration Form

Print and return to Coach

Volunteer Name: _____

Date: _____

Activity: _____

Please attach a copy of Police Vulnerable Sector Check [\(as per A-PR-219\)](#) to the back of this form once the original has been viewed by the Principal.

Year 1: Initial Police Vulnerable Sector Clearance (PVSC) received:

Volunteer Signature: _____

Authorized Signature – LKDSB: _____

Declaration:

I declare that since the last Criminal Background Check collected by this Board, or since the last Offence Declaration given by me to this Board, that I have no convictions under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act.

Year 2

Volunteer Declaration Signature: _____

Authorized Signature – LKDSB: _____

Year 3

Volunteer Declaration Signature: _____

Authorized Signature – LKDSB: _____

Year 4

Volunteer Declaration Signature: _____

Authorized Signature – LKDSB: _____

Year 5

Volunteer Declaration Signature: _____

Authorized Signature – LKDSB: _____

ADMINISTRATIVE PROCEDURES

SUBJECT: Volunteer Drivers

Type of Driver	Form	Requirements	Signed agreement required from
Parent/guardian, family member of student on trip, coach or LKDSB employee	Appendix A	<ul style="list-style-type: none"> ✓ Over 21 ✓ G licence ✓ \$1 million liability insurance and ✓ Police Vulnerable Sector Check (for elementary and secondary). PVSC waived if parent/guardian of secondary student is driving own child accompanied by other students 	<ul style="list-style-type: none"> ✓ Volunteer ✓ Vehicle Owner ✓ Principal

The Principal will ensure that:

1. The required forms are on file at the school **including a Police Vulnerable Sector Check (PVSC), if required, as per Board Policy (P-OP-404).**
2. Out-of-school activities for very young children (Early Years and Primary Divisions) are carefully assessed to determine that they have significant educational merit.
3. Wherever possible, transportation for Early Years and Primary students is provided by bus.
4. If volunteer drivers are used to transport Early Years and Primary students, booster seats are required for children who weigh 18 kg or more but less than 36 kg (approximately 40–80 pounds), and have a standing height of less than 145 cm (4'9"), and are under 8 years of age (a booster seat is not mandatory for a child after turning 8 years of age – see [choosing a child car seat](#)). No child (under 13) travels in a seat where an airbag might deploy; and each child is secured by an appropriate seatbelt.
5. All staff understand the requirements around volunteer drivers, have copies of the necessary forms and know where to file and access this information.

The sponsor/coach of the activity or event will:

1. Ensure that all volunteer drivers have completed the appropriate forms.
2. Ensure that all volunteer drivers clearly understand applicable Board Policy, Regulations and Administrative Procedures.
3. Keep a list of volunteer drivers with the passengers assigned to each for each event or activity.
4. Ensure that parents/guardians are aware that volunteer drivers will be used to transport students to/from the event or activity.

Implementation Date: December 8, 1999

Revised: December 13, 2000

September 1, 2005

February 22, 2016

July, 2016

September, 2016, May 15, 2023

Reference: LKDSB Policy, Regulations and Procedures – Volunteers, Criminal Background Checks

AUTHORIZATION TO TRANSPORT STUDENTS PARTICIPATING IN SCHOOL EVENTS

LKDSB does not support students driving other students to LKDSB events.

Please be informed of the Board's insurance coverage by reviewing the summary outlined on the reverse of this form.

Approval for student transportation in a privately-owned vehicle

I give permission for my child to be a passenger in a vehicle driven by a school-approved driver to _____ (event). **Parent initials:** _____ **Date:** _____

I give permission for my child to be a passenger in a vehicle driven by a LKDSB employee to _____ (event). **Parent initials:** _____ **Date:** _____

Name of Student	Parent/Guardian Signature	Date
_____	_____	_____

Parent/guardian and school-approved volunteer drivers

This will authorize _____:
(Name of Volunteer Driver)

- To transport _____ (school name) students to _____ (event).
- Vehicle information #1:** Make _____ Year _____ Licence # _____
Vehicle information #2: Make _____ Year _____ Licence # _____

3. To be signed by Driver - I declare that:

- I hold a **valid Ontario "G" Licence** and my vehicle is insured by valid automobile liability insurance as required by Ontario law.
- the vehicle is mechanically fit and that there are seat belts in working condition for all passengers.

Signature: _____ **Date:** _____

4. To be signed by Owner of the Vehicle, if the volunteer driver does not own the vehicle -I declare that:

- I have authorized _____ to drive my vehicle to transport students participating in the school event(s) listed on this form.
- She/he is licensed and is fully insured as a driver under the Vehicle Liability Insurance as required by Ontario Legislation.
- the vehicle is mechanically fit and that there are seat belts in working condition for all passengers.

Signature: _____ **Date:** _____

SUMMARY OF INSURANCE COVERAGE

Dear Parent/Guardian:

We wish to make it clear that the Lambton Kent District School Board does not provide primary insurance on your vehicle while being used for the purpose described below.

The Highway Traffic Act imposes the duty on every owner of a vehicle to insure against Third Party Liability claims for no less than \$200,000.00. The Insurance Act, Section 241, states that such owner's insurance is primary in all circumstances. This means that volunteers who choose to use their own vehicles on School Board business are responsible for insuring the vehicle and, in the event of an accident, their insurance policies will always be primary without regard to any other insurance which may be in force.

The Board, however, has purchased Excess coverage which agrees to insure liability assumed by us under an agreement with our Board members, Officers, Employees and Volunteers pertaining only to the liability arising out of the use or operation of their automobile on the business of the Board. This extension will apply in excess of existing insurance carried by the owner of the licensed motor vehicle.

There is NO coverage carried by the Board to insure any physical damage to your vehicle.

All **"trip drivers"** * including Volunteer Drivers are advised that, in order to bring into effect the Board's Excess Liability Insurance, they should:

- a) use a licensed automobile which carries valid Third-Party Liability Insurance as required under legislation in the province of Ontario.
- b) provide the Board prompt written notice, with all available particulars, of any accident arising out of the use of a licensed automobile during a trip on business of the Board.
- c) be aware that the Board's excess liability insurance comes into effect only after the "trip drivers" insurance has been exhausted.
- d) be aware that any damage to the volunteer's vehicle, the cost of any insurance deductible or premium adjustment as the result of an accident while the vehicle is being used on board related business is NOT covered by the school board's Excess Automobile Liability insurance.
- e) Be aware that if the vehicle is equipped with passenger-side airbags, children under 13 years should not be permitted to ride in the front seat. (See vehicle manufacturer's recommendation.)

N.B. *A **"Trip Driver"** is defined as any person authorized by the Board who has agreed to be a driver for a certain trip while they are driving their own or another licensed automobile; to include trustees, employees, teachers, parents, volunteers and officials of the Board.

Volunteer Supervisors on School Outings

The Board's Liability Insurance Policy protects both staff and volunteers who are working within the scope of their duties for the board. This coverage responds to lawsuits that are brought against staff or volunteers who are supervising school events.

Volunteer Drivers for School Activities

Ontario Legislation makes automobile insurance compulsory in the province of Ontario. This same legislation makes the vehicle insurance primary coverage. In other words, the insurance on the vehicle responds to claims first.

The School Board's Liability Policy contains an endorsement, classed the Non-Owned Automobile Endorsement, which extends liability coverage to those who are using personal vehicles on the business of the Board. In accordance with legislation, this coverage is excess to the insurance on the vehicle. For example, if an accident occurred while the vehicle was being operated on a school outing, and the vehicle was insured for \$1 million of liability insurance, and there was a successful suit against the owner of the vehicle for \$3 million, the Board's liability insurance would respond to the \$2 million in excess of the \$1 million carried by the owner.

There is no coverage under the endorsement for damage to the vehicle itself. It is liability insurance only.

Passengers who are insured would recover accident benefits under their own automobile policies. Thus, students injured in an automobile accident, would report the injuries to their parents' auto insurer. If there is no automobile insurance policy in the family, the injured passenger would collect benefits under the automobile policy in place on the vehicle in which they were riding at the time of the accident.

Personal Automobile Insurance Coverage

For the personal protection of volunteer drivers it is recommended that drivers carry a minimum of \$1 million of liability insurance. If there is any doubt about the insurance coverage carried, or the use of the vehicle to transport students, volunteers should review their coverage with their insurance brokers.

I acknowledge that I have read and understand, the above information and I have completed a Police Vulnerable Sector Check (PVSC), if required.

Parent Signature _____

Date: _____

Commitment to Diversity and Justice

As a member of the _____ team I commit to diversity & justice.

Each day our school is committed to building brave, just and equitable learning spaces for all. Everyone has the right to work, learn and play in an environment free from hate and discrimination, and to feel seen, heard, and represented. We will not tolerate ableism, classism, racism, body shaming, transphobia, misogyny, sexism, homophobia, religious discrimination, or other forms of oppression as defined in the Ontario Human Rights Code.

Every time we gather as a team (each practice, each game, each meeting) we are committed to championing diversity and justice. Those who cannot or do not abide by this commitment will not be permitted to be part of this team.

Parent/Guardian Signature: _____

Student Signature: _____

LKDSB Athletic Package

Signature Form - must be completed and given to coach

Please initial items below and sign to confirm you have completed:

** Emergency Contact/Medical Information

Student Personal Information for Team Eligibility

Informed Consent Form- Athletics - Parent

Student Athletic Policy

Student Athlete Code of Conduct

Parent/Guardian Code of Conduct

LKDSB / Rowans Law - Concussions

** PVSC Policy and necessary documentation

** Volunteer Driver Form

**Commitment to Diversity and Justice

** Must be printed and given to coach along with this checklist

Student Signature

Date

Parent/Guardian Signature

Date