**SCHOOL INFORMATION and LOGO HERE**

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**DATE:**

**NAME OF SPORT –** Information and permission form for players and parents.

**Expectations:**

As the season begins there are some simple expectations of all those wishing to participate.

* Participants must attend practices. If there are circumstances preventing this (and we certainly understand that there are always unexpected appointments or schedule changes), please be sure to let us know in advance or bring a note from a parent explaining the absence. It is only fair to the team that all members participate in practices.
* Participants represent **NAME OF SCHOOL** Middle and must demonstrate fair play and appropriate behavior at all times. While sports skills are part of our focus, we are also working on important life skills such as respect and teamwork. All participants must comply with the Coquitlam Middle School Athletic Association (CMSAA) Code of Conduct:

*The Coquitlam Middle School Athletic Association (CMSSA) believes in the development of skills through a variety of activities with an emphasis on fair play and equity of participation. It is our expectation that all students, coaches, spectators and officials conduct themselves in a manner that is polite, respectful, encouraging and supportive.*

* Participants must keep up with their academic studies. If a participant is experiencing difficulty in the classroom, this need must be addressed before extra-curricular activities take place.
* Participants must bring a smile and a positive attitude to all practices and games, and come prepared to work hard and have fun!

**Fees:**

Students need only pay the INSERT ATHLETIC FEE AMOUNT Athletic Fee once in each school year. The fee is to help offset the costs associated with referees, team jerseys, purchase of equipment, district tournaments, CMSAA fees, and trophies. If a student has not yet paid the Athletic Fee but would like to join a sport, he or she simply needs to bring the money to the school office. . *No child will be denied the opportunity to participate for financial reasons. Please contact the Principal if you would like to discuss a fee waiver.*

**Details:**

Date of Activity: **(i.e. Sept. to Dec, 2014)**

Location of the Activity: Middle Schools throughout Coquitlam

Nature of the Activity:

Students will need to bring: P.E. strip

Practices –

Games –

Teacher(s)/Administrator(s) in Charge:

Fee – Each athlete must have paid the $15.00 Athletic Fee. If an athlete has not yet paid they should bring the money to the office as soon as possible. *No child will be denied the opportunity to participate for financial reasons. Please contact the Principal if you would like to discuss a fee waiver.*

As always, if you have any questions or concerns, please contact the coach(es).

Sincerely,

**Coach Name(s)**

**Contact information**

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# SPORT NAME Permission Form 2014-15

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the **SPORT NAME** program as described.

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activities, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.

**Comments (please include special concerns which school staff should be aware of surrounding your child’s participation):**

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**My child and I understand that both the district and school’s Code of Conduct applies during participation in this activity. I will be responsible for any costs caused by my child’s failure to abide by the Codes of Conduct, including any costs to send my child home.**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Contact Phone Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Athlete:**  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to abide by the CMSAA and district codes of conduct. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Name Student Signature

**Parent Drivers**

We need parent drivers for away games. An adequate number of parent drivers will ensure that we can field a team for away games.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am able to drive students to away games.

 Parent/Guardian Full Name

I have completed a Criminal Record Check and the volunteer forms for **SCHOOL NAME** Middle School: YES NO