



**Informed Consent / Permission Form**  
 For Saints Basketball Spring League  
 St. Benedict Catholic Secondary School  
 April/May, 2019

**Name of Student/Player (Print):** \_\_\_\_\_

**FRESHMAN DIVISION (Gr 4-6)**

**SENIOR DIVISION(Gr 7-8)**

*Please indicate which division you are in.*

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.**

**ELEMENTS OF RISK**

Educational activity programs, such as the above activity, involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury.

These accidents result from the nature of the activity and can occur without any fault on either part of the student, or the School Board or its employees, volunteers or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident and an injury occurring.

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

**If you choose to participate in the above described activity, you must understand that you will bear the responsibility for any accident that might occur.**

The Waterloo Catholic District School Board does not provide any accidental death, disability, dismemberment, dental, or medical expenses insurance on behalf of the students participating in this activity.

The Waterloo Catholic District School Board strongly advises that all students participate in the STUDENT ACCIDENT INSURANCE PLAN offered by the Reliable Life Insurance Company and which covers participants for all accidents, 24-hours per day, every day during the full policy term. More info and applications can be found at [www.insuremykids.com](http://www.insuremykids.com).

**ACKNOWLEDGEMENT**

**WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.**

Signature of Student/Player (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION**

I give \_\_\_\_\_ permission to participate in the St Benedict Basketball Spring League being held April/May, 2019.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO PARENT(S): PLEASE RETURN THIS FORM IN ITS ENTIRETY**