



## Extra-Curricular Consent Form (For Students Under 18 Years of Age)

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT UNDER AGE 18 YEARS WHO WISHES TO PARTICIPATE AND BY A PARENT/CAREGIVER OF A PARTICIPATING STUDENT.

<b>School Name:</b>	Brantford Collegiate Institute and V.S.		<b>Targeted Grade</b>	9,10
<b>Description of Activity Offered</b> (OPASSE Guidelines must be followed)	Football (tackle)			
<b>Elements of Risks:</b> (Examples of Types of injury which may result from participation).	Death, Dehydration, Dental, Fractures/Breaks/Dislocation, Frostbite, Head Injury / Concussion, Insect Bites, Neck and Back Injuries, Paralysis, Scrapes/Cuts/Abrasions, Sprains, Strains, Sunburn/Exposure			
<b>Additional Information</b> (E.g., Sports Team/ name of club etc.)	Junior Football Team			
<b>Start/End Dates</b>	25-08-2025 & 28-11-2025	<b>Start &amp; End Times</b>	09:00 am & 08:59 pm	or <input type="checkbox"/> see attached schedule
<b>Teacher(s) in Charge</b>	Peter Lovett, Frank Della Fortuna			
<b>Supervision provided:</b>	<b>Staff</b> <input checked="" type="checkbox"/> <b>Volunteer(s)</b> <input type="checkbox"/>	<b>Name of Volunteer(s):</b>		
<b>Location of Activity</b>	<b>On School Property</b> <input checked="" type="checkbox"/> <b>Off School Property</b> <input type="checkbox"/>			
<b>Destination &amp; Address</b>	On School Property - 110 Spring St, Brantford ON & 400 Grand River Ave, Brantford, ON N3T 5A3 & 280 N Park St, Brantford, ON N3R 4L1, Brantford ON & 627 Colborne St, Brantford, ON N3S 3M8			
<b>Transportation Provided By:</b>	<b>Walking</b> <input type="checkbox"/> <b>By the School</b> <input checked="" type="checkbox"/> <b>Parent(s)/Caregiver(s)</b> <input type="checkbox"/> <b>Student/Volunteer</b> <input type="checkbox"/>			

<b>Student Name</b>		<b>Grade</b>	
<b>Emergency Contact Name:</b>		<b>Emergency Contact #</b>	
<b>Student Medical Information</b> (previous injuries, concussions, allergies, asthma)			

The risk of sustaining these types of injuries result from the nature of the activity(ies) and may occur without any fault on either the student, or Grand Erie District School Board, or its' employees/agents, or the facility, where the activity is taking place. By choosing to allow your child to participate in the activity(ies), you are accepting the risk that your child may be injured. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity(ies). If you choose to allow your child to participate in the activity(ies) on the date(s) mentioned above, you must understand that you will bear the responsibility for any injury that might occur.

The Grand Erie District School Board does NOT provide any accidental death, disability, dismemberment, or medical expenses insurance for students participating in the activity(ies).

### ACKNOWLEDGEMENT/CONSENT:

I/we have read the above. I/we understand that by permitting my/our child to participate in the activity(ies) described above, I/we are assuming the risks associated with doing so.

I/we agree to communicate with the school, prior to the school event, if the transportation method as outlined in the Extra-Curricular Consent Form, changes.

Student Name (age appropriate)	Signature of Student
Parent/Caregiver Name	Signature of Parent/Caregiver
	Date

**Secondary Students Only:** Should my child compete in an inter-school sport event organized by Athletic Association of Brant Haldimand Norfolk (AABHN), Central Western Ontario Secondary Schools Association (CWOSSA), Southern Ontario Secondary Schools Association (SOSSA) or Ontario Federation of School Athletic Associations (OFSAA), I hereby consent to the release of my child's name, date of birth, gender and year of entry to the current school to the appropriate Association to facilitate the event(s).

Parent Name (please print)	Signature of Parent
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**RETURN SIGNED FORM TO THE SCHOOL**