



# St. Patrick High School

621 Selkirk St. S. Thunder Bay, Ont. P7E 1T9 Phone: (807) 623-5218 Fax: (807) 622-0164

Dear Parent / Guardian / Player:

This sheet outlines some of the rules and policies of the St. Patrick Football Program. Please read the following carefully:

1. To help offset the extreme expenses of equipment, each player is asked to pay a fee of \$120.00. Each player will be provided with all the necessary equipment to ensure their safety and comfort on the field. Any income left over is allocated to the many *extras* provided by the football program. These include team awards, team socials, etc. **PAYMENT MUST BE COMPLETED AT THE TIME OF THE EQUIPMENT BEING ISSUED.** Students who fail to provide the fee will not be issued equipment, and as a result, will not be able to participate in the program. St. Patrick High School takes pride in offering a safe and affordable football program.

2. Parent / Guardians are asked to fill in and return the Information Consent Form, Medical Information Form and Player Information Form attached. In order to ensure player safety, players will not be able to take the field without completing these forms.

3. Practice time: 3:15 pm – 5:30/6:00 Daily

Due to the short season and the intensity of the game, it is absolutely essential players attend practice daily in order to ensure preparation before game day. **\*\*Players who need to miss practice or leave early must let the staff know as early as possible\*\***

4. Equipment issue:

Players will be issued equipment when the consent forms and the fee have been provided. **\*\*Players must bring a combination lock for their football locker to ensure the safety of their personal belongings and the equipment provided\*\***

5. Concussion baseline testing:

New SSSAA guidelines require that all athletes high-risk sports undergo baseline testing prior to the commencement of the season. This includes all Grade 9s and those new to football in Grade 10. Tests are administered by the LU Concussion Clinic.

If you have any questions or concerns please contact Coach D. Battistel at the school (623 – 5218). I thank you in advance for your anticipated cooperation.

Sincerely

A handwritten signature in black ink, appearing to read "D. Battistel".

D. Battistel  
Head Coach

## S.S.S.A.A. FOOTBALL

### Parent/Guardian Informed Consent Form

*This signed form is required for all students who wish to participate in S.S.S.A.A. Football. This form will be retained in the student's school by his/her teacher/coach.*

#### 1. Elements of Risk and The Responsibilities of the Student-Athlete

Football is a sport with physical demands and certain inherent risks which may be beyond the control of SSSAA and the organizers of this sport. Tackling and blocking by their nature result in collisions between two or more players that can involve a great deal of force.

Students who participate in football must accept that there is the possibility of injury as a result of their participation. Accidents can result from the nature of this activity and can occur without any fault on the part of the participants, Lakehead District School Board, the Thunder Bay District Catholic School Board, the employees or agents of the two boards, or the facility where the activity takes place. By choosing to participate in football, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in this activity. Each student-athlete should also attempt to offset the risks of football by:

- |     |                     |  |
|-----|---------------------|--|
| 1.1 | Physical Readiness  | <ul style="list-style-type: none"><li>- physical preparation through regular exercise particularly in the 3 months prior to the start of the season</li><li>- athletes should strive for overall conditioning with particular attention to strength and flexibility in the neck, shoulder and knee areas</li></ul>   |
| 1.2 | Equipment Readiness | <ul style="list-style-type: none"><li>- ensure that any personal equipment used in football (i.e. cleats) is appropriate and in a good state of repair</li><li>- notify the coaching staff of any problems with equipment issued by the school (i.e. pads, helmet, pants), and see that this equipment is returned promptly and in good shape</li><li>- always wear an intra-oral dental guard when playing football</li></ul> |
| 1.3 | Technical Readiness | <ul style="list-style-type: none"><li>- learn and practice the skills and techniques of the activity, particularly regarding proper tackling techniques</li><li>- always warm-up properly before every practice and game</li><li>- attend school practices regularly</li></ul>   |

- 1.4 Safety Awareness
- always attempt to participate with safety in mind as much as is possible given the dynamic nature of the activity
  - never use your helmet to butt, ram or spear an opponent
  - agree not to use performance enhancing drugs

Please Note: Lakehead District School Board and the Thunder Bay District Catholic School Board do not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of students participating in this activity. **IT IS STRONGLY RECOMMENDED THAT YOU PURCHASE STUDENT ACCIDENT INSURANCE IF YOU DO NOT ALREADY HAVE YOUR OWN PRIVATE COVERAGE.** Please be aware that the insurance package distributed through the schools is only available up until December 1.

2. Acknowledgement

We have read and understand the Elements of Risks and insurance information stated above. We have also read and understand the Responsibilities and have attempted to see that they have all been fulfilled.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
*(Unnecessary if the student is 18 years of age or over)*

3. Permission

3.1 If the student is under 18 years of age, complete this section:

I give my son/daughter (print name) \_\_\_\_\_ permission  
to participate in the S.S.S.A.A. Football program.

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

# PARTICIPANT S.S.S.A.A. ACTIVITY

## MEDICAL INFORMATION FORM

SCHOOL: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE OF BIRTH (dd/mm/yyyy): \_\_\_\_\_ HEALTH CARD NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Father

\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Mother

EMERGENCY CONTACT (If above not available)

\_\_\_\_\_ PHONE: \_\_\_\_\_

### MEDICAL INFORMATION:

**NOTE TO PARENTS: AN ANNUAL MEDICAL EXAMINATION, PARTICULARLY PRIOR TO A CONTACT SPORT, IS STRONGLY ADVISED.**

NAME OF FAMILY PHYSICIAN \_\_\_\_\_

1. Date of last complete medical examination: \_\_\_\_\_

2. Is your son/daughter allergic to any drugs, food or medications? Yes \_\_ No

3. Is your son/daughter currently taking any medication or drugs for which a prescription is required? Yes \_\_ No

If yes, provide details: \_\_\_\_\_

4. Does your son/daughter wear glasses? Yes \_\_ No

5. Does your son/daughter wear a hearing aid? Yes \_\_ No

6. Does your son/daughter wear contact lenses? Yes \_\_ No

7. Does your son/daughter wear a medical alert bracelet or necklace? Yes \_\_ No

8. Has your son/daughter had or have now, any of the following?

Arthritis/Rheumatism	Yes	No	Diabetes	Yes	No
Asthma	Yes	No	Dislocating Shoulder	Yes	No
Chronic Nose Bleeds	Yes	No	Dizziness	Yes	No
Epilepsy	Yes	No	Fainting	Yes	No
Headaches	Yes	No	Heart Trouble	Yes	No
Skin Condition	Yes	No	Stomach Problems	Yes	No
"Trick" or Lock Knee	Yes	No			

If yes to any of the above, or other medical problems, (eg. previous sport-related injuries) please provide details:

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**FREEDOM OF INFORMATION**

Personal information on this medical information form is collected under the authority of the Education Act, R.S.O. 1980, C.129, S.60, and will be kept in a secure place by the school. It will be made available to qualified medical personnel only in the event of an emergency. Questions regarding the collection of this information should be directed to the principal of the school where the student attends.

I have read the above information and agree that it can be made available to qualified medical personnel, if necessary.

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

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_