

Monsignor Doyle Catholic Secondary School
Letter to the Parents/Guardians/Athletes

Dear Parents/Guardians/Athletes,

Welcome to another year of athletics at Monsignor Doyle. Our Athletic Program is very active and has a great tradition. You as parents/guardians should be proud of your son/daughter for qualifying to represent Monsignor Doyle in their athletic endeavour. Along with this privilege comes certain responsibilities and expectations. We have established some guidelines of which the athletes and parents need to be aware of. Please read over this information letter and the contract found online on the Monsignor Doyle website. Please complete and return the following forms after discussing them with your son/daughter:

1. MDCSS Athletic Participation Contract
2. Permission Form for Sport (part B) – Acknowledgement of Risks/Request to Participate/Consent
3. Transportation of Students
4. Disclosure of Student Personal Information to OFSAA and CWOSSA

Since high school athletics goes hand in hand with the curricular program, the students need to give their best effort in all of their class. Coaching staff, teachers and administrators work jointly with our student athletes to encourage responsible citizenship. The “**Athletic Participation Contract**” outlines our expectations. We ask that you read this carefully with your son/daughter and that you both be aware of the terms of their participation.

Coaches and team members put in a tremendous amount of time and personal energy in order to have a productive season. This requires self-discipline and sacrifice in order to maintain team commitment throughout the entire season. Therefore, it is essential that each athlete selected be prepared to make a total commitment.

The Athletic fee for most District 8 teams is \$60.00 (PLEASE this pay this fee online by visiting the Monsignor Doyle CSS Webpage or at the direct address <https://wcdsb.schoolcashonline.com/>) for each sports team your son/daughter is involved with (to a maximum of \$180.00 = 3 sports teams). This fee is used to assist with the costs of transportation, officials, team uniforms, league fees, etc.). The hockey fee is \$150 (not including jersey, additional practices, transportation to/from practice, tournaments, etc.).

There is a \$50 refundable uniform deposit (**BY CHEQUE PLEASE**) that will be returned at the end of the season once the uniform has been returned – clean and in good condition. **All unclaimed cheques will be shredded at the end of the school year.**

Should you have any questions or concerns please feel free to call me at the school at anytime. I also want to take this opportunity to thank you, parents/guardians, for supporting your son/daughter through athletics at Monsignor Doyle. The commitment that you make to encourage their participation in sports is appreciated. Without your support it would not be possible.

Sincerely,

Karen Denys
Athletic Director
(519)622-1290 x376
karen.denys@wcdsb.ca

MONSIGNOR DOYLE CATHOLIC SECONDARY SCHOOL
ATHLETIC PARTICIPATION CONTRACT

High school athletics goes hand in hand with the curricular program. MDCSS encourages students to “be the best that they can be” academically, behaviourally and athletically. Adhering to the expectations listed below will help to ensure the student athlete’s success.

- The student needs to give his/her best daily effort and work to their potential in all of their classes. **Teachers and coaches will monitor attendance, behaviour and academic performance.** Students with chronic attendance, academic or disciplinary problems may put on an “Athletic Participation Agreement” or be removed from the team.
- Characteristics of good citizenship shall be fostered. The student must be aware that they have a responsibility to the school and to the team to be responsible citizens. MDCSS athletes are encouraged to be good role models both on and off the “playing field”.
- If absent from school due to illness on a particular day, the student is not to play or practice with the team that same day.
- The student is expected to get the class work they will miss, in advance, so that he/she can keep up when they are away from class.
- The student will be committed to the team and will attend all practices, team meetings and games. Exceptions to this guideline should occur very rarely, and need to be discussed with the coach well in advance. Athletes that have a job will have to make arrangements to work after practices and games.
- The student is responsible for his/her team uniform and will have to pay the replacement cost should it be misplaced or damaged. The same holds true for any equipment lent to the student.
- Students will be allowed to wear their team jersey over their school uniform on Spirit Wear Days (every Wednesday) but **not at any other time.** (i.e. - in PE class, at practice...)
- Smoking is not allowed while participating in school-organized events. The student acknowledges that smoking severely affects his/her overall health and athletic performance and will consider a strategy for changing this part of his/her lifestyle.

A student who encounters difficulty with the above expectations will be consequenced accordingly. Examples include:

- Game suspension(s)
- “Athletic Participation Agreements” designed in consultation with the coach, teacher, Administrator and Athletic Director.
- Withdrawal from the team until classroom work, behaviour and attendance have returned to an acceptable standard for that student.

Co-curricular Suspension

If an athlete:

- **quits the team after final selections are made**
- **is removed from the team (i.e. unacceptable class attendance, academic performance or behaviour, failure to adhere to “Athletic Performance Agreement”)**
- **has on-going issues with Doyle’s progressive discipline**

He/she will be suspended from all athletic co-curricular activities for up to one calendar year.

However, if an athlete feels there are mitigating circumstances or they have been consequenced inappropriately, he/she is encouraged to appeal the suspension. To appeal the suspension, the athlete must complete the Co-curricular Suspension Appeal Form (available from Ms. Denys) with supporting documentation and submit to Mr. Bellini within two weeks of leaving the team.

MDCSS Athletic Participation Contract

Student Name: _____ **Grade:** _____ **DOB:** _____

Parents/guardians, please ***initial*** the following items as they pertain to your son/daughter.

- _____ I read the letter from the Athletic Director online 2016 - 2017.
- _____ I consent to my child being photographed during competition/practice. These photographs/videos may be used in bulletin board displays, yearbook, Doyle Sportsline, newsletters, newspapers, etc.
- _____ I have paid my \$60 D8 athletic fee online (Monsignor Doyle CSS Webpage or at the direct address <https://wcdsb.schoolcashonline.com/>) to assist with the costs of transportation, officials, team uniforms, league fees, etc. There may be additional fees if a student purchases team athletic wear or participates in tournaments.
- _____ I have enclosed my cheque of \$50.00 for my child's uniform deposit which is refundable. This amount may be more depending on the sport and cost of the uniforms.

Acknowledgement

We have discussed the expectations outlined in the "Letter to the parents and Athletes", the "Athletic Participation Contract" and the items listed above. We have written any comments or concerns that we would like to discuss in the space provided below.

Parent/Guardian's Signature

Student's Signature

Date: _____

EXTRA-CURRICULAR PROGRAM APPLICATION

Participation in extra-curricular activities is strongly supported by the administration and staff of Monsignor Doyle Catholic Secondary School, since it creates a positive climate for personal growth. The student participant must ask each subject teacher to sign this form as an indication that he/she has informed each teacher of his/her involvement in the above-mentioned activity.

Have your teachers sign this form.

Period	Subject	Teacher Signature	Comments
1			
2			
3			
4			



INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART A:

This form is to be completed on behalf of a student who wishes to participate in sport and recreation activities or interschool athletics, and must be returned to the coach prior to the student's first team tryout or participation in the sport and recreation activity. This page is to be retained for your information.

Dear Parent/Guardian,

Your son/daughter has indicated a desire to participate in the following sport and recreation activity:

_____ or interschool team: _____.

The content of this page is to provide you with information on the activities.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back and/or drowning in water based activities/sports. Some injuries can lead to paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. A student choosing to participate in the activity assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The school board attempts to manage, as effectively as possible, the risk involved for students while participating in school sport and recreation activities.

Student Accident Insurance Notice:

The Waterloo Catholic District School Board does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parent/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring emergency medications (e.g., asthma inhalers, epinephrine auto injector) to all activities.
3. Students remove eyeglasses during practices or games. If eyeglasses cannot be removed, the student must wear an eyeglass strap or shatterproof lenses.
4. Students must be made aware of ways to protect themselves from environmental conditions (e.g., use of hats, sunscreen, sunglasses, access to liquid replacement, insect repellent, appropriate clothing).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in sport and recreation activities as well as practices and interschool competitions (e.g., skis, skates, helmets).

Concussions:

If your son/daughter/ward is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained inside or outside of school activity, the "Concussion Passport for WCDSB" must be completed before the student returns to physical education classes, intramural activities and interschool practices and competitions. Request the form from the school administrator.

Freedom of Information Notice:

The information provided on this form is collected pursuant to the schools board's education responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and protection of privacy act, and will be utilized only for the purpose related to the Board's policy on Risk Management for sport and recreation activities and interschool athletics. Any questions with respect to this information should be directed to your school principal.



INFORMED CONSENT / PERMISSION FORM FOR SPORT & RECREATION

PART B:

Parent/Guardians are requested to complete the following form and return to the appropriate school personnel.

Note: the student is ineligible to participate in the sport and recreation activity and interschool athletic tryouts, practices and competitions without first providing teacher/coach with the completed form.

Student name:

Health card # (optional):

Home address:

Physician name:

Home phone #:

Physician phone #:

Parent/Guardian name:

Emergency contact name:

Work phone #:

Emergency contact phone #:

Cell phone #:

Acknowledgement of Risks/Request to Participate/Informed Consent Agreement

I have read and understand the notices of Elements of Risk. _____ (initials of Parent/Guardian)

I have read and understand the notices of Accident Insurance. _____ (initials of Parent/Guardian)

I request our son/daughter to tryout/participate in _____ sport and recreation activity during the _____ school year.

I hereby acknowledge and accept the risk inherent in the requested activity and assume responsibility for my son/daughter/ward for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____
(Secondary students only)

Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

Throughout the school year, a variety of activities take place at facilities off school property. These activities include, but are not limited to, field trips, work experience programs, sporting events, courses and other school/Board sponsored events. In most cases, students require transportation to these facilities. Transportation will be accomplished by:

1. Students driving themselves.
2. Students riding in a personal vehicle driven by an authorized Trip Driver, including but not limited to, a volunteer, teacher, or other WCDSB employee WCDSB trustee, or another student who is at least 18 years of age and has a G license (G1 and G2 prohibited).
3. School bus/taxi.

PARENT/GUARDIAN CONSENT

Please indicate the mode(s) of transportation for which you provide your permission for your son or daughter to be transported for the identified school/Board activity/event by signing below.

Name of Student (print): _____

School Year: _____

Activity/Event/Sport Season: _____

I hereby give permission for my son/daughter to travel to and from the activity/event described above using the following mode(s) of transportation (please check all boxes that apply)

- Drive himself/herself
- Ride in a private vehicle operated by a volunteer
- Ride in a private vehicle operated by a Waterloo Catholic District School Board trustee teacher or other employee
- Ride in a private vehicle operated by another student who is at least 18 years of age and has a G license (G1 and G2 prohibited)
- Ride in a school bus/taxi

Parent/Guardian Signature: _____

Date Signed: _____

Any student, volunteer, WCDSB trustee, teacher or other WCDSB employee driving, on a school or Board sponsored activity or event, who has obtained school or Board Office permission, will be designated the "Trip Driver" and is required to complete a Volunteer Drivers form (APO004-06) prior to transporting students. Students who drive other passengers must be at least 18 years of age with a G license. G1 and G2 licensed drivers are not permitted to drive.

Personal information on this form is collected under the legal authority of the Education Act as amended. This information will be used for the purpose of: planning and administering out-of-school programs for students, insurance, and statistical analysis. For more information contact the school principal.



**NOTICE TO DISCLOSE STUDENT'S PERSONAL INFORMATION TO
ONTARIO FEDERATION OF SCHOOL ATHLETIC ASSOCIATION (OFSAA)
AND CENTRAL WESTERN ONTARIO SECONDARY SCHOOLS
ASSOCIATION (CWOSSA)**

You/your child have chosen to participate on a school team. When teams play in either a tournament, District 8, Ontario Federation of School Athletic Associations (OFSAA) or Central Western Ontario Secondary Schools Association (CWOSSA) sponsored event we must prove that you/your child is eligible. In order to prove eligibility we must provide some of your/your child's personal information such as first name, middle initial, last name, date of birth, gender and the year the student entered grade 9.

This information will be entered into the Athletic Eligibility List System (AELS) database hosted by OFSAA. Only authorized school, tournament, OFSAA, and CWOSSA personnel will be able to view your/your child's information. The information will be used only for the purposes stated above.

Should you have any questions or concerns with the disclosure of this information, please contact your school principal or the teacher/supervisor of your/your child's team.

Please sign below indicating that you have read the above and are in agreement with us sharing your/your child's information.

This form must be completed and on file at the school prior to you/your child playing on any school team.

Name of Student: (Please Print) _____

Grade of Student: _____

Sport: _____

Date Signed: _____

Signature of Student (if 18 and older): _____

Name of Parent: (Please Print) _____

Signature of Parent/Guardian: _____

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act s.259 and the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to determine Athletic Eligibility. Questions regarding the collection of this information should be directed to Principal of your school or the Privacy and Information Management Officer at the WCDSB.

Office Use Only

Entered in AELS
Entered into Trillium