

LY ROGERS

EXTRA-CURRICULAR REGISTRATION FORM

GROUP: _____

NAME: _____

GRADE: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT

NAME: _____

PHONE: _____

DOCTOR: _____

PHONE: _____

MEDICAL NUMBER: _____

HEALTH PROBLEMS COACH/SPONSOR SHOULD BE AWARE OF:

PERMISSION TO PARTICIPATE

My son/daughter, named above, has permission to participate in and travel to events with this group. I understand that School District #8 cannot be held responsible for personal possessions during participation with this group.

SIGNATURE: _____
Parent or Guardian

DATE: _____

THIS IS A DOUBLE SIDED FORM!

over

SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)

EXTRA-CURRICULAR CODE OF CONDUCT AGREEMENT

Students involved in extra-curricular activities are ambassadors for the school and have high expectations placed upon their behaviour. Failure to obey school rules and regulations may result in a suspension from the activity and/or suspension from school.

Any student involved with alcohol or drugs while participating in a school-sponsored activity will be immediately removed from all extra-curricular activities during that season of play and may be prohibited from further extra-curricular activities throughout the year.

I have read and understand these expectations and responsibilities and the consequences for not living up to them and, as a result:

- ✓ I agree to abide by the rules and regulations and it is my responsibility to fully understand and abide by such rules and any specific rules set out by the coach/sponsor of the group. Failure to do so may result in disciplinary action being taken by the coach/sponsor or the school administration.
- ✓ I also agree to abide by all local laws when travelling with this group. I understand that, should local authorities be involved, I will be subject to the laws of the province/country I am visiting.
- ✓ If I become ill or incapacitated, the coach/sponsor may take any action they deem necessary for my safety and well-being, including securing medical treatment (at my own expense) and transporting me home.

As a member of the School Group, _____, I agree to these expectations and responsibilities. I realize that failure to live up to these expectations may affect my ability to take part in extra-curricular activities.

NAME: _____ (Please print)

SIGNATURE: _____ DATE: _____

As a parent/guardian, I have read and agree to the above terms and realize that my son's/daughter's failure to live up to these expectations may affect his/her ability to take part in extra-curricular activities.

NAME: _____ (Please print)

SIGNATURE: _____ DATE: _____