



VSSAA VANCOUVER ACES BASKETBALL

530 East 41st Avenue, Vancouver, BC V5W 1P3

Telephone: 604.713.8938

Email: vancouveracesbbalclub@gmail.com

Web Page: vancouveraces.com



Athlete Commitment, Medical & Parent/Guardian Consent Form

To the Parent(s)/Guardian(s) of: _____

The purpose of this form is to affirm your support and permission for your child to participate in the **VSSAA ACES Girls Basketball Program**.
Please return this form prior to your child participating at their first session.

PROGRAM/ACTIVITY INFORMATION

ACTIVITY/EVENT: **VSSAA ACES GIRLS BASKETBALL PROGRAM - FALL 2025 PRE-SEASON WORKOUT SESSIONS**

DATE(S) & TIME(S): *Training sessions:* Mondays & Wednesdays Beginning October 15 to November 5

LOCATION OF ACTIVITIES TO BE UNDERTAKEN: **GYMS - JOHN OLIVER SECONDARY; OTHER SITES – TBA (if applicable)**

PROGRAM SUPERVISORS: **PAT LEE (VSSAA); TIFFANI MARTINEZ**

PARTICIPANT FEE*: **\$35 – DEVELOPMENT SESSIONS ONLY** (please bring payment to first session)

**Financial assistance (installments, grants, partial or complete waiver) may be available and can be arranged with the program supervisors. The actual estimated cost per player program includes facilities, use of uniforms, Basketball BC membership fees, staffing and equipment; however, with donations, sponsorship, and individual supports, financial assistance can be provided with the program philosophy to reduce financial barriers and improve access for local area youth to participate in sport opportunities.*

WHAT TO BRING: **ATHLETIC ACTIVE WEAR AND SHOES, WATER BOTTLE, ANY REQUIRED HEALTH ITEMS**

BEHAVIOUR EXPECTATIONS: **All VSB & school site rules are in effect during program activities.**

SCHOOL SITE RESPONSIBILITIES

The school site will make every reasonable effort to ensure or ascertain that:

- a) the staff, volunteers and/or service providers involved are suitably trained and qualified;
- b) the student participants are adequately supervised through all aspects of the program/activity;
- c) the location(s) used are appropriate and safe for the activity(ies) and group;
- d) a Safety Plan to identify and manage known potential risks and an Emergency Plan to deal with injury or illness is in place.

POTENTIAL KNOWN RISKS AND SPECIAL SAFETY INFORMATION

The purpose of this section is to detail and reinforce with parents all potential known risks of participation to ensure parents/guardians are providing informed consent. There are inherent risks in participating in athletic development and competition activities; proper footwear and attire is required to be worn by participants, and proper, respectful conduct and behaviour is expected at all times.

PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT OF RISK, EXPECTATIONS & RESPONSIBILITY

While program staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, program, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a potential risk of injury associated with the activity.

- **My child has been/will be informed that they are to abide by the rules and regulations, including directions and instructions from the administrators, instructors, and supervisors over all phases of the program/activity.**
- **In the event my child fails to abide by these rules and regulations, disciplinary action may involve refraining from further participation and/or that the parent/guardian be contacted to have them picked up, unless other transport arrangements have been specified.**
- **I further agree to indemnify and hold harmless the location of the program, as well as VSSAA Aces Basketball Program and its staff and/or representatives from any and all liability, damage, or expense arising out of my child's participation.**
- **In the event that I cannot be reached in an emergency, I hereby give permission to a VSSAA Aces Basketball Program Supervisor, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for the immediate health and safety of my child; this may also involve securing transport to emergency medical services as deemed necessary, and that I shall be financially responsible for such services.**
- **I agree/give my permission to the recording/photographing of myself/my child for usage in skill/game analysis, and as promotion/publicity for the program; any personal identification or further information beyond the digital imaging will require additional consent.**
- **I consent to and assume all risks and hazards of and incidental to the participation of the above named child in the activities of VSSAA Aces Basketball Program.**

I, _____ (name of parent/guardian) give permission for _____ (name of student) to participate in the activity described above, and understand and accept the conditions, expectations and responsibilities as outlined above.

Date: _____ Name of Parent/Guardian (Please print): _____ Signature: _____

Date: _____ Name of Student (Please print): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____ Cell _____

NOTE: Efforts to minimize costs have been made to support student participation. The stated fees include Basketball BC Membership for each individual student. In accordance with the philosophy and principles of VSSAA Aces Basketball Program, no student shall be denied an opportunity to participate because of financial hardship. Please contact one of the Program Supervisors if there is financial need, whether in whole or in part.

VSSAA ACES BASKETBALL

530 East 41st Avenue, Vancouver, BC V5W 1P3

Telephone: 604.713.8938

Email: vancouveracesbballclub@gmail.com

Web Page: vancouveraces.com



Athlete Commitment, Medical & Parent/Guardian Consent Form

MEDICAL INFORMATION

The following information will be helpful in your child's experience with regard to health and safety.

(Please print carefully and legibly)

Student Name: _____ Birth Date: _____ Email: _____

Grade: _____ School (currently attending): _____

Address: _____

BC Medical Services Plan Personal Health No.: _____ Current Basketball BC Membership?: ☐ Yes - # _____
☐ No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: _____

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Inhaler? ☐ Yes ☐ No Medical Alert Bracelet? ☐ Yes ☐ No

Immunization Year of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, asthma/respiratory ailments, diabetes, recent hospitalization or surgery, chronic conditions, phobias, etc.): _____

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): _____

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Family Physician _____ Phone # _____

ACKNOWLEDGEMENT OF CONSENT AND RESPONSIBILITY

I agree to: the responsibility of completing a health screening self-check prior to every program activity and will inform immediately if any illness or symptoms are experienced; to stay home if feeling sick or if experiencing illness symptoms (<https://www.healthlinkbc.ca/>); to follow all health & safety protocols required by the program. Should it become necessary for my child to have medical care during their participation, I hereby give the program supervisor permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. In the event of illness or accident during participation, I will be notified as soon as possible via the emergency contact information listed above.

I understand that if I do not abide by program procedures/guidelines, that I may lose the privilege to participate.

Name of Parent/Guardian (please print) _____ Signature _____ Date _____

Name of Student Participant (please print) _____ Signature _____ Date _____



STUDENT AND PARENT CONSENT AND PARTICIPATION AGREEMENT

This Consent and Participation Agreement provides information about student participation in Vancouver Schools Extracurricular Sports Programs along with the measures put in place to mitigate risks to students, and the expectations of students and parents. Once you have reviewed this form, please ensure that you, as the parent/guardian, and your child sign the appropriate forms and return it to the School.

Your Responsibilities

It is the responsibility of students and their parents and guardians to:

- 1) ensure students are physically and medically fit and able to participate in the school's athletic programs and to seek medical advice where appropriate.
- 2) to identify to school authorities activities in which students are unable to safely participate.
- 3) refrain from any activities or conduct that may place other participants at risk.
- 4) read the school's and district's athletic code of conduct and comply with the school's athletic and health and safety rules of the school and the directions of teachers and coaches. In the event of any non-compliance with these conditions, students may not be permitted to participate until the non-compliance issues are resolved.
- 5) comply with public health guidance and requirement in place from time to time regarding attendance at sport events and practices.

Nature of the Risks

By signing this Participation Agreement parents and students acknowledge and agree that:

- 1) they consent to the student's participation in such athletic programs and all related activities, and understand and acknowledge that this may expose the student to risk, including through their attendance and participation in such Sports Program(s), which may include the use of the facilities and lands owned, occupied, or used by the School District.
- 2) the risks of injury and illness (E.g., communicable diseases such as influenza, and COVID-19) are possible, and while particular rules, equipment, hygiene measures and personal discipline may reduce these risks, the risks of serious injury and illness do exist.
- 3) the student's participation is voluntary and you understand and agree to assume any and all risks associated with their participation in such athletic programs, whether or not the School District has disclosed those risks to you.

Emergency Medical Care

In the event of a medical emergency involving your child, the school or coaching staff may arrange to provide care to the student and/or to transport the student to a medical facility. The School District will make efforts to contact parents/guardians in such circumstances, but may, as necessary, make arrangements for the delivery of first aid or medical care to the student before parents are contacted. We want to ensure that all parents and guardians are aware of the insurance coverage situation in the unfortunate event of a player being injured. Please note that students are not provided with insurance coverage if they are injured at school or during a school-related event or game. The VSB's insurer does not offer accident coverage (e.g., medical or dental) for injured students. Some benefits may be available through a student's MSP coverage, or through a voluntary student accident insurance policy that parents/guardians can purchase independently.

Student Accident Insurance : The Vancouver School Board provides families with access to two optional student accident insurance plans. These plans offer coverage for accidental injuries, unexpected medical expenses, and critical illness. Two providers are listed below- families can register and purchase coverage directly through the links provided.

Insure My Kids: <https://insuremykids.com/schoolresources/>

IA Family Accident Reimbursement Plan: <https://ia.ca/accident-insurance>

General

By completing the document, you acknowledge and agree that:

- 1) you have read and understand and agree to this Participation Agreement.
- 2) you will ensure that you and your child comply with any district-wide and school-specific code of conduct, sporting rules and health and safety measures as communicated by school District, administration, teachers, and coaches.
- 3) you have the legal authority to enter into this Participation Agreement on behalf of your child.
- 4) you, on your own and on behalf of your student, voluntarily assume all risks of the Losses described above.
- 5) you consent to the collection, use and disclosure of your personal information and your child's personal information as described above.
- 6) you have been advised of optional student insurance.

☐ I am the parent/guardian of the Participant, and I accept this Agreement on my own behalf and on behalf of my child

Signature of Parent/Guardian

Print Name

Date

Signature of Student

Print Name

Date