



Annual Authorization for Athletic Tryout 2016 - 2017

I/we, being the parent(s) or guardian(s) of _____ (hereinafter called "the student"), consent to the student participating in an interscholastic athletic program arranged by _____ (**School**), and we authorize the participation by the student. It is understood that my/our consent and authorization are subject to the following conditions:

- While the Board provides appropriate supervision, parents should be aware that there may be an element of risk of injury in trying out or taking part in the above activities. Risks that are included but not limited to: ***Sport specific injuries, physical contact, inherent risks of the activity, collisions with other players and/or obstacles, equipment failure, slips, trips and falls.***
- Students that are successful in being selected for an interscholastic team will be notified of the schedule and be required to sign a consent form to participate.

1. The Calgary Board of Education, in conjunction with the Calgary Middle Level Schools Amateur Athletics and the Calgary Senior High School Athletic Association provides an opportunity for students to try out for interscholastic athletics involving the following sports.

Please identify the activities that the student may try out for.

Middle School ☐

Junior High ☐

Senior High ☐

	YES	NO
Soccer	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Football	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>
Cross Country	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>
Diving	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child have any medical conditions that would affect their participation in any of the above sports? YES ☐ NO ☐
If "yes", please explain: _____

3. Does this condition require any medication or precautions? YES ☐ NO ☐
If "yes", please explain: _____

4. This consent and authorization will be in effect for the **2016 -2017** school year only.

Date: _____ Parent or Guardian Name: _____ Signature: _____
(Please Print) (Parent or Guardian)

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your school principal or Corporate Risk Management at 403-817-7407.