

Forrest Timberwolves
Athletic Participation Form

Dear Parent/Guardian:

Your son/daughter has expressed an interest in playing the sport of _____ at Forrest Elementary School. Please read through the expectations of our students, coaches and parents with your child before signing the permission slip.

Expectations of Students

- Understand that ALL school rules apply at all locations.
- Attend all practices and games. Effort and attitude will be criteria for playing time during games and tournaments.
- Must be available for Divisional Tournament.
- Conduct themselves respectfully during practices, games and while traveling. Failure to do so may result in removal from the team.
- Support teammates in a positive manner.
- Students will receive a team jersey. The jersey must be returned at the end of the sport and the student will be responsible for any loss or damage.
- Students who do not fulfill their commitment may lose their opportunity to participate in other extracurricular activities.

Expectations of Coaches

- Provide a safe learning environment.
- Set a positive example.
- Provide a tentative schedule of practices, games and Divisional Tournament date.
- Teach the rules of the game.
- Provide instruction and encouragement of skills.
- Discipline the students as necessary.
- Provide students with positive/attainable goals for themselves and the team.

Expectations of Parents

- Support the team by attending games when possible.
- Support coaching decisions.
- Discuss concerns with coaches.
- Provide rides at appointed times.
- Cheer positively

Elements of Risk Notice

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may cause injury. Injuries in sport may include:

- scrapes, cuts and bruises
- muscle strains and tears
- ligament sprains and tears
- broken bones
- concussions

The Rolling River School Division does not provide any accidental, death, disability, and dismemberment/medical/dental expenses insurance on behalf of the students in this activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning and throughout the school year.

FILL OUT AND SIGN THE BOTTOM PORTION AND RETURN ASAP

Please list any medical concerns that may affect your child's participation in this activity (e.g. asthma, allergies, and medications).

My son/daughter _____ has my permission and support to participate in the **Athletic** program at Forrest Elementary School.

Student Signature _____

Parent/Guardian Signature _____

(A fee of \$15 will be levied for jerseys not returned.)

_____ I am available to provide transportation to games.

_____ I am not able to provide transportation.