



REGISTRATION CHECK-LIST

*email completed package to michelle.mehrer@abbyschools.ca

Please complete and return all documents at the same time. Incomplete registration packages will not be processed. **Use this checklist to make sure you have the complete package before submitting it.**

- Completed 4-page registration form. Please ensure the parent/guardian has signed all the necessary documents.
- Copy of the student's birth certificate or passport.
- Copy of Photo identification for the parent/guardian, such as driver's licence, passport, Photo BC Services Card, or BCID card.
- Evidence of guardianship (as shown on the child's long-form birth certificate or other appropriate legal documentation, such as a landed immigrant document or guardianship order).
- Copy of legal document to prove your address (1 of the following – *must contain the name and address of the parent/guardian*):
 - Utility Bill
 - BC Medical Services invoice/statement
 - Canada Revenue Agency documents
- Copy of second document to prove your address (1 of the following – *must contain the name and address of the parent/guardian*):
 - Internet service for the address
 - Insurance statements/policies
 - Employment Pay stubs
 - Subject-free Home Purchase contract
 - Health documents (medical reports/letters)
- Copy of students' CareCard.
- Copy of the student's most recent report card
- Every student is required to complete the following consent forms:
 - Request for Email Address Consent
 - Photograph/Video and Media Consent
 - Bring Your Own Device (BYOD)
 - Information and Communications Service User Agreement
- Course selection should also be done at this time. Course selection sheets are provided in this package and a complete course guide can be found online under the Parents & Students tab on our school website.

PARTIAL REGISTRATION PACKAGES WILL NOT BE ACCEPTED

Registration packages MUST be complete, meaning all the required documents are attached. Once you have submitted a complete package, the information will then be passed onto our administration team. Course availability will determine how many students will be accepted for the school year. You will be notified via email as to your potential acceptance once this information has been determined.

AP 336-1 School Registration Form for Secondary School

A child may only be registered in one school in the Abbotsford School District. In the case of a family registering with multiple children please use one form per child.

Catchment School _____

Requested Out-of-Catchment or District Program/Placed School _____

STUDENT INFORMATION

Gender Identity M=male, F=female, X=nonbinary _____

Legal Last Name _____ Legal First Name _____

Usual Last Name _____ Preferred First Name _____

Legal Middle Name _____ No Middle Name

Birth Date _____ (DD/Month/YYYY e.g. 24 May 2005)

Grade _____ Proof of Age Birth Certificate Passport Citizenship Paper

Home Phone _____

ADDRESS INFORMATION

Street Address _____

City _____ Prov. _____ Postal Code _____

Proof of Residence Provided Yes No (*see below)

Mailing Address (if different from above) _____

City _____ Prov. _____ Postal Code _____

* In order for a child to be registered in an Abbotsford school, evidence of guardianship and proof of residency must be provided. These documents include photo identification of the parent/legal guardian, evidence of guardianship as shown on the child's long-form birth certificate or another legal document, and the child's birth certificate. Evidence of residency is required by providing one primary source and one secondary source reflecting the parent/legal guardian's name and address as per Administrative Procedure, Section 2. Primary sources must be current-dated documents that include utility/electricity bills, Canada Revenue Agency documents, and BC Medical Services Plan invoice/statement. Secondary sources must be current-dated documents that include: internet service for the address, Subject-Free Home Purchase contract, Insurance statements/policies, Health documents (medical reports or letters), Employment pay slips

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offense of perjury, contrary to Section 131 of the Canadian Criminal Code and will result in the school principal repealing the student's placement.

ADMISSION INFORMATION

Previous School _____

City & Province _____

Date left previous school _____ Expected start date _____

FOR KINDERGARTEN REGISTRATION ONLY

Attended Preschool Yes No Attended Daycare Yes No Attended StrongStart Yes No

Previous School _____ City/Prov. _____

BUSSING (does not apply for District Programs)

Is bussing needed Yes No

If Yes, please register online at: <https://www.awinfosys.com/das/sd34/public/BussingRegistrationNew.asp>

INDIGENOUS ANCESTRY INFORMATION Yes No If yes,

Inuit Metis First Nation Non-Status First Nation Status on Reserve First Nation Status off Reserve

Band Name _____

PROGRAM

French Immersion ELL Special Education *Designation *My child has an IEP

*Was in an Alternate Program (title) _____

SUPPORT NEEDS

Does this student require additional supports for social and emotional needs? Yes No

Does this student require additional supports? Yes No

If yes, Behaviour intervention plan Safety plan

**This information will only be used to initiate a dialogue between the family and the school with the aim of better supporting the student and the family with a goal of successful transition to the school district.*

IMMIGRATION/CITIZENSHIP STATUS

Country of Birth _____ Language at Home _____

Canadian Citizen Child Parent • Permanent Resident/Landed Immigrant Child Parent

Refugee Child Parent • International Student (funding not eligible) Child Parent

Student Visa Child Parent • Employment Authorization Child Parent

PARENTS/GUARDIANS

1. Last Name _____ First Name _____

Relationship to Student _____

Living with Student Yes No Same Address as Student Yes No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

2. Last Name _____ First Name _____

Relationship to Student _____

Living with Student Yes No Same Address as Student Yes No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

Are there any legal documents in force re: custody/guardianship/access? Yes No

Have you provided a copy of these legal documents to the school? Yes No

Comments/details re submitted court order _____

*Please note that court orders cannot be followed or acted upon by the school unless a copy has been formally submitted to the school.

SIBLING INFORMATION (brothers/sisters including preschoolers in the same or a different school within the Abbotsford School District)

	Sibling 1	Sibling 2	Sibling 3
Last Name			
First Name			
Relationship			
School			
DOB			
Sex (Male/Female)			

CONTACT INFORMATION (other than parent/guardian)

1. Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

2. Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

OUT OF PROVINCE CONTACT INFORMATION (In case of Provincial disaster)

Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

MEDICAL INFORMATION

Doctor Name _____ Phone _____
 Care Card Number _____
 Allergies and Conditions _____
 Are any of these conditions life threatening? Yes No If so, which? _____
 Life Threatening Conditions/Medication or Treatment Required:
 Condition _____ Treatment _____

(AP 323 – Support for Students with Type One Diabetes, AP 327 – Medical Alert Conditions, AP 328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website.

Name (printed) _____ Signature (parent/guardian) _____

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

1. GRADE 8-12 STUDENTS ONLY

All students participating in secondary athletics in Abbotsford need to be registered with BC School Sports. I authorize disclosure of my child’s name, birthdate, current grade, the year my child entered grade 8 and previous school to BC School Sports for registration purposes.

Signature _____

2. COMPUTER AND INTERNET USAGE AND ACCESS

Access to and participation in the global network (Internet) carries with it a responsibility for adherence to established guidelines for acceptable use, as per AP 334 – Online Communications and Digital Learning. Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. I will review this policy and expectations with my child

Signature _____

3. CANADA ANTI-SPAM LEGISLATION (CASL) COMPLIANCE FORM

To ensure that you consent to receive electronic newsletters, school and community updates on matters from your children’s school(s) and the school district, please complete the accompanying Canada Anti-Spam Legislation (CASL) Compliance Form. (AP 336-2 Request for Email Address Consent)

4. PHOTOGRAPH/VIDEO AND MEDIA CONSENT FORM

To give your consent to the Abbotsford School District to collect, use, and publicly disclose your child’s name, voice and/or image for purposes consistent with AP 324, please complete form AP 324-1 Photograph/Video and Media Consent Form.

Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashionline.com> (it takes less than five minutes)

Office Use Only

Date Rec’d _____ Time Rec’d _____

Received By _____ Computer User Agreement Rec’d Yes No

School Entry Date _____ PEN _____ MyBCed# _____

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the Freedom of Information Coordinator, District Administration Office, 604-859-4891

Student Reunification Release Form - Secondary

 School:

 Year:

For the safety and well-being of students, the school may implement a "controlled release" in the event of an emergency or disaster. The school administrator may release the student if the situation is deemed to be safe and the student is considered not to be at risk. Upon release, a record shall be kept of the temporary guardian's name, or the fact the student was released into their own care, along with the date and time of their release, a contact phone number, and their expected destination(s). In light of this statement, you are asked to choose one of the following responses:

- If we are unable to reach the school, we authorize the release of our child(ren) into their own care, provided the situation is deemed safe and our child is not considered to be at risk.
- If we are unable to reach the school, we do not want our child to be released unless one of the adults authorized below is able to claim our child (with the exception of medical/response personnel).

Release Information:

List of your children at this school (oldest to youngest)

First Name	Last Name	Grade

Parent(s)/Legal Guardian(s)

Name (First, Last)	Home Phone	Cell Phone	Email

Additional people authorized to pick up student(s)

Name (First, Last)	Home Phone	Cell Phone	Email

Out of Region Contact Person (within Canada)

Name: Email:

Home Phone: Cell Phone: Province:

Office Use Only - Release Confirmation

 Picture ID: Confirmed Not Available Identification confirmed by staff

 Destination: Time: Staff Initial:

 Parent/Guardian/Designate Signature:

Please complete unshaded areas. Do not tear or remove this section.

Student Release List:

First Name	Last Name	Grade

- 1) Proceed to gate/table: _____
- 2) Show this form to the staff member at the gate/table
- 3) The staff member will locate the student(s) and bring them to you
- 4) Once you have the student(s), please exit the school grounds

Release Teacher Initials: _____

OFFICE USE ONLY

Last Name of Oldest Student

Released to:

	Yes
	Yes

	Yes
	Yes
	Yes

Released to own care:

	Yes
--	-----

Released

	Yes
	Yes
	Yes
	Yes

Instructions to Complete this Form

1. ONLY custodial parent(s) or guardian(s) may complete and submit this form.
 - In the event of a serious emergency, via this form you are authorizing school staff to release your child(ren) to the custody of the individual(s) listed on the other side of this form
 - The school may in the event of a serious emergency release your child to medical/response personnel as necessary.
2. Please complete all sections of this form except the shaded areas (including the bottom section).
 - **Important: Please leave the shaded areas blank**
3. Complete 1 form for each SCHOOL that your children attend.
 - For example: If you have children in elementary school and secondary school, you will complete 2 forms.
4. Please **DO NOT** tear or remove the bottom of this form.
5. Fill in the names of parent(s)/guardian(s) or authorized others as they appear on their identification.
6. Return the completed form to the school.
7. Inform EVERY authorized person you have listed that they are to pick-up your child(ren) at the school in the event of a significant emergency, such as a damaging earthquake. Share with them the school's processes and your family's emergency plan in the event of a major disaster.

**This email contains important information.
Please have it translated.**

ਇਸ ਈਮੇਲ ਵਿੱਚ ਮਹੱਤਵਪੂਰਣ ਜਾਣਕਾਰੀ ਹੈ।
ਕਿਰਪਾ ਕਰਕੇ ਇਸਦਾ ਅਨੁਵਾਦ ਕਰੋ।

يحتوي هذا المستند على معلومات مهمة حول مدرسة طفلك. يرجى ترجمته.

매우 중요한 공지문이니, 반드시 번역하여 내용을 숙지하십시오.

Hãy dịch nó sang tiếng Việt. Đây là một thông báo quan trọng.

Este documento contiene información importante sobre la escuela de su hijo/hija. Háganlo traducir por favor.

Additional Information

Emergency Reunification Background

In the rare event of a significant emergency or disaster, the school may use its emergency student reunification process. Examples of disasters where emergency student reunification may be used include but are not limited to:

- A major locally damaging earthquake,
- Overland flooding, or
- Other life-threatening regional or school emergencies.

Additional People Authorized to Pick-Up Students

While we don't like to contemplate it, during major emergencies some parent(s)/guardian(s) may not be able to get to the school to pick-up their child(ren), either because they are unable, or roads/bridges are blocked. Therefore, all parent(s)/guardian(s) are encouraged to authorize 3 additional adults to pick-up their child(ren) in the event of a major emergency, such as a damaging earthquake. When considering authorizing these people, they ideally should be:

- An adult (over 19 years of age).
- A trusted individual, such as a close friend, family member, or neighbour.
- Physically able to travel to the school despite some obstacles in the community.
- Located near the school during much of the school day (on average).
- Able to speak English (Optional: An asset post-disaster as translators will likely be limited).

****Those authorized to pick up students will require a piece of identification upon arrival at the school. ****

Out of Region Contact

This is a trusted adult who resides outside of the area impacted by the disaster; typically, someone who lives outside of Metro Vancouver. They can be important as a central contact for all members of your family following a major disaster, such as an earthquake. It is an asset for this person to be competent using computers and technology and to be live within Canada.

Clear All Entries

AP 336-2 Request for Email Address Consent (CASL)

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, Abbotsford School District would like to ensure that we have your consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

Yes, I CONSENT to receiving the above communications to my email address which I have provided below, and understand that I can withdraw this consent at any time.

Email Address: _____

No, I DO NOT CONSENT to receiving the above communications to my email address.

Name: _____

Signature: _____

Date: _____

Your Child(ren)'s name(s): _____

This information will be kept on file at the school your child is attending in Abbotsford School District.

If you have any questions please contact us at:

info@abbyschools.ca

Abbotsford School District,
2790 Tims St,
Abbotsford, BC, V2T 4M7
www.abbyschools.ca

AP 324-1 – Photograph/Video and Media Consent Form

In accordance with the BC [Freedom of Information and Protection of Privacy Act](#), the Abbotsford School District is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the School District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

For example, student names and/or images may be used in:

- School and School District communications, such as newsletters, brochures and reports;
- School yearbooks
- School and School District websites, social media sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to school-related events);**
- Videos, CDs and DVDs designed primarily for educational use.

** Please note that school and district staff cannot control news media access and photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.

Please complete and return to your school:

_____ **I DO GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above. I understand that images posted on the internet may be stored and accessed outside of Canada.

_____ **I DO NOT GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above.

Select only one of the following:

- This consent will be considered valid from the date on which it is signed until completion of grade 5
- This consent will be considered valid from the date on which it is signed until completion of grade 8
- This consent will be considered valid from the date on which it is signed until completion of grade 12

Student's Name: LAST _____ FIRST _____
(please print)

Student signature (for Secondary school students only) _____

Parent/Guardian Name: LAST _____ FIRST _____
(please print)

Parent/Guardian Signature _____

Parent/Guardian Phone #s _____ Date _____

School _____

District Freedom of Information and Protection of Privacy Contact:
Tracy Orobko, Abbotsford School District,
tracy.orobko@abbyschools.ca

AP 334-1 Bring Your Own Device (BYOD) – Consent Form

This consent form is provided to parents/guardians and students so that an informed choice may be made with regard to consent to use a personal device, such as a laptop.

The Abbotsford School District recognizes that digital devices are valuable resources for learning. The Bring Your Own Device (BYOD) Program is an optional program available in some Middle and Secondary Schools, that allows students to use personal devices limited to laptops, Chromebooks or tablets. Smartphones are not included in the BYOD Program.

Participation in the BYOD Program requires district approval. The district expects that students should be using BYOD devices for educational purposes.

Although staff will endeavor to support students in the classroom, the district has no liability or responsibility at any time or location for technical support, device theft or damage, or loss of data. BYOD users are subject to school and class expectations, as well as AP 334 –Acceptable Use of Technology . The district, through school administrators, reserves the right to access any files on the device in case of misuse, suspicion of misuse, or other activities in violation of the district’s Student Code of Conduct. Misuse of devices may result in their removal from school networks and a request to remove the devices from school property.

Parents/Guardians may wish to include personal devices used on school property in their personal insurance coverage.

Student Consent

I agree that I will use my device appropriately and for learning.

Name of Student: _____

Student’s abbyschools email address: _____

Student Signature: _____

Parent/Guardian Consent

Select **only one** of the following:

I have read and understand the information above and consent to my child being involved in the Abbotsford School District BYOD Program. This consent will be considered valid from the date on which it is signed until completion of grade 12.

At this time, I do not consent to my child being involved in the Abbotsford School District’s BYOD Program.

Name of Student: _____ Student ID: _____ Grade: _____

Type of Device (Tablet, Chromebook, Laptop): _____ (No phones)

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

AP 331-1 Rules Regarding Student Lockers: Conditions of Use

Most schools in the Abbotsford School District have lockers available for student use. Students are not required to have a locker assigned to them; lockers will only be assigned to students who complete this form. Lockers remain the property of Abbotsford School District. By applying for a locker the student agrees that **LOCKERS MAY BE SUBJECTED TO RANDOM SEARCHES BY SCHOOL DISTRICT STAFF, AND THAT THE SCHOOL DISTRICT MAY USE TRAINED DOGS TO SWEEP LOCKER AREAS FOR DRUGS.**

I _____, student, understand that this locker is assigned to me for use during the school year on the following conditions:

1. I am responsible for the locker that is assigned to me. No one else may use this locker. If I have been assigned to share this locker then only I and the other student to whom it has been assigned may use it.
2. I agree to use only an approved lock on this locker. I will register the combination of the lock at the office. I will not divulge my combination to anyone else.
3. I will only use the locker for purposes relating to school and my attendance at school. I understand that I may use the locker to store books, school supplies and equipment, clothing, school sports equipment, lunches and necessary personal items. I understand that nothing else is permitted in my locker unless the principal or vice-principal has permitted it in writing.
4. No controlled substances, weapons or prohibited or offensive material may be placed in the locker.
5. I understand and agree that School officials may search student lockers at any time and without prior notice in order to ensure compliance with the conditions of use and other school policies and rules, and that searches by school officials may include the use of trained dogs to detect the presence of drugs or prohibited materials in student lockers.
6. I understand that my permission to use the locker may be terminated if I do not comply with the conditions of use, school policies or rules.
7. I understand that it is the responsibility of all members of the school community to keep our schools safe. If I have reason to believe that any locker contains anything that would threaten the safety of other students, staff or any other person, I agree to immediately report the information to a teacher or administrator. I understand that the School District will keep my name confidential unless required by law to disclose it.
8. I agree to keep the locker clean and to remove foodstuffs on a regular basis.
9. I understand that I am responsible for cleaning and removing all material from my locker at the end of the year or when I leave the school.

Student Signature

Date

Parent's/legal guardian's acknowledgement and agreement

I _____ am the parent or legal guardian of _____ (the "student"). I agree to the terms and conditions of use set out in this document, and agree that the student may have a locker subject to these terms and conditions.

Parent/Legal Guardian

Date

AP 417-2 Information and Communications Services User Agreement

I understand and will abide by the terms and conditions of the Information and Communications Services User Agreement. I further understand that any violation of these terms and conditions will be subject to the disciplinary codes set out by the Abbotsford School District and will be handled in accordance with those codes. Depending on the severity of the violation, discipline could lead to suspension of computer privileges, suspension or expulsion from school. The appropriate legal authorities will be contacted if there is any suspicion of illegal activity.

(please print)

First Name: _____ Last Name: _____

School (if student) or Position (if employee): _____

Date: _____ Signature: _____

PARENT/GUARDIAN AGREEMENT

If the user is a student and is under the age of 19, a parent or guardian must also read and sign this agreement.

As the parent or guardian of the user named above, I have read this agreement. I have also taken reasonable steps to ensure that the child named above understands the terms and conditions of this agreement. I understand that access to the System is designed for educational purposes and that there are limitations on the use of the System. I recognize that, although the Abbotsford School District has taken reasonable measures to limit access to objectionable and illegal materials, the school district cannot guarantee that 100% of materials accessed via the Internet, either intentionally or unintentionally, will not include offensive or illegal content.

I hereby give permission for the child named above to access the System and certify that the information contained on this form is correct.

(please print)

First Name: _____ Last Name: _____

Relationship to student: _____

Date: _____ Signature: _____

AP 308-6 Extracurricular Athletics Consent and Participation Agreement

This Consent and Participation Agreement provides information about student participation in Abbotsford School District Extracurricular School Sports Programs (a “Sports Program”) along with the measures we have put in place to mitigate risks to students and our expectations of students and parents. Once you have reviewed this form, please ensure that both you, as the parent/legal guardian, and your student sign and return it to the school.

Your Responsibilities

It is the responsibility of students and their parents/guardians to (1) ensure students are physically and medically fit and able to participate in the Sports Program(s) (and to seek medical advice where appropriate); (2) to identify to school authorities any activities in which students are unable to safely participate; (3) refrain from any activities or conduct that may place other participants at risk; (3) refrain from participating in the school’s Sports Program and from entering school facilities, or any facilities used by the Sports Program if symptoms of Covid-19 or other communicable disease are present, (4) read the school’s athletic Code of Conduct and comply with all Sports Program and health & safety rules of the school, and the directions of the teachers and coaches; and (5) comply with all other public health guidance and requirements in place from time to time regarding attendance at sporting events and practices.

Nature of Risks

By signing this Participation Agreement parents and students acknowledge and agree that: (1) they consent to the student’s participation in such Sports Program(s) 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, Covid-19 and MRSA) are significant, 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 his/her/their participation in such Sports Program, whether or not the School District has disclosed those risks to you, including the possibility of communicable disease illness, injury, psychological injury or stress, pain, suffering, permanent or temporary disability, property or economic loss, even death and other unforeseen risks (collectively the “Losses” and each a “Loss”).

Emergency Medical Care

In the event of injury or other medical emergency involving the student, the school may arrange to provide care to the student and/or transport the student to a medical facility. The School District will make efforts to contact the parents/legal guardians in such circumstances but may, if necessary, make arrangements for the delivery of first aid or medical care to the student before parents/legal guardians are contacted.

General

By completing this 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 student comply with any sporting rules and health and safety measures as communicated by school administration, teachers and coaches; (3) You have the legal authority to enter into this Consent and Participation Agreement on your own behalf or, as applicable, on behalf of your student; (4) By providing this Consent and participating in the above-referenced activities and events, you voluntarily assume all risks of the Losses described above, including the risk of Covid-19 infection; (5) You consent to the collection, use and disclosure of your personal information and your child's personal information for the purposes of participating in a Sports Program and, if necessary, providing related first aid or medical care as described above.

I am the parent/legal guardian of the Participant, and I accept this Agreement on my own behalf and on behalf of my student.

(Signature of Parent/Legal Guardian)

(Print Name of Parent/Legal Guardian)

Date

(Signature of Student)

(Print Name of Student)

Date

School name