



Chinguacousy Secondary School

1370 Williams Parkway, Brampton, Ontario L6S 1V3 (905) 791-2400 Fax: (905) 791-1290

EXTRA CURRICULAR COMMITMENT/CONSENT FORM

Chinguacousy athletes must meet certain criteria; participating in athletics is a privilege, not at right.

- All team members/managers are to attend all classes on a regular basis and be on time. Students' academic performance has priority over a student's participation in sports.
- Student athletes must complete homework and assignments and have a passing grade, or students demonstrate an improvement towards a passing grade in order to be eligible to participate in school sports.
- Students must obey all guidelines set down by the coach regarding practice time etc. Players should give maximum effort at all times and show respect for the coach who has given his or her time for the benefit of the team.
- Any behaviour or misconduct that has been reported by a teacher to the office or to the athletic director may result in a minimum one game suspension. Once the teacher has notified the Athletic Director and the coach that the problem has been resolved, the athlete may resume attending practices and games.
- A student may be removed from the team on the recommendation of the coach. If a player is dismissed from a team or fails to fulfill his/her obligation to the team before the season is complete, then he/she will be disciplined as follows: The student athlete will not be allowed to participate on any sports teams in the next season, nor will he/she be permitted to participate in the same sport the following year.
- Students must carry a full timetable each semester (4 credits in Grade 9,10,11 or 3 credits in Grade 12) in order to participate on a school team.

_____ is given my permission to participate on the _____ team for Chinguacousy Secondary School.

I UNDERSTAND THAT HE/SHE IS A MEMBER OF A PRIVATE MEDICAL PLAN. IN CASE OF ACCIDENT OR INJURY, THE PEEL DISTRICT SCHOOL BOARD WIL NOT BE HELD RESPONSIBLE.

I ALSO DECLARE BY SIGNING THIS FORM THAT HE/SHE IS MEDICALLY FIT TO PARTICIPATE IN THE INTERSCHOLASTIC SPORT LISTED ABOVE.

Signature of Parent/Guardian

Home Telephone

Business Telephone

Physician

Physician Phone Number

YES/NO
Permission to Obtain Treatment

Health Card Number

Birth Date (dd/mm/yy)

Allergies/Special Medical Conditions

I attended Chinguacousy SS last year: **YES / NO**

I understand the expectations of a CHINGUACOUSY ATHLETE and am prepared to commit my efforts to this team.

Student Signature

Date

C. Speers, B.A., M.Ed.
Principal

M. Royle, B.A., B.Ed., M.A.
Vice-Principal

L. Klotz, B.A. (Hons.), B.Ed.
Vice-Principal