



# Annual Authorization for Athletic Tryout

Print Student First and Last Name

Grade

WILLOW PARK SCHOOL

Print School Name

I, the undersigned, being the parent or legal guardian of the student, consent to the student participating in an interscholastic athletic program arranged by the school, and I authorize the participation by the student. It is understood that my 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.

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.

Identify the activities that the student may try out for: (if available in students' grade and school)

**Middle School or Junior High (Grades 5-9)**

|               | Yes                      | No                       |
|---------------|--------------------------|--------------------------|
| Badminton     | <input type="checkbox"/> | <input type="checkbox"/> |
| Basketball    | <input type="checkbox"/> | <input type="checkbox"/> |
| Cross Country | <input type="checkbox"/> | <input type="checkbox"/> |
| Soccer        | <input type="checkbox"/> | <input type="checkbox"/> |
| Track & Field | <input type="checkbox"/> | <input type="checkbox"/> |
| Volleyball    | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrestling     | <input type="checkbox"/> | <input type="checkbox"/> |

Please check off ALL activities that your student may want to try out for throughout the entire school year.

If an activity is not checked off, then your student may NOT try out for that activity.

Does your child have any medical conditions that would affect their participation in any of the above sports?

☐ Yes ☐ No If "yes", please explain.

Does this condition require any medication or precautions? ☐ Yes ☐ No If "yes", please explain.

This consent and authorization will be in effect for 2024 - 2025 school year only.  
(YYYY - YYYY)

Print Parent / Legal Guardian Name

Signature Parent / Legal Guardian

Date (MM/DD/YYYY)

Personal information is collected under the authority of the *Freedom of Information and Protection of Privacy (FOIP) Act* and the *Education Act*. This information will be used to see if the candidate(s) meet the prescribed criteria and will be treated in accordance with the privacy protection provisions of the *FOIP Act*. If you have any questions about this collection of student information, contact your school principal or Corporate Risk Management at 403-817-7404.

Student information is provided to the Alberta Schools' Athletic Association for registration purposes and provincial competitions. Team and individual student results along with the names of athletic award winners are posted on the Calgary Senior High Schools' Athletic Association website. If you have questions about this collection and use of student information, contact the Education Director responsible for athletics at 403-777-7233.