

Annual Authorization for Athletic Tryout

Print Student First and Last Name	Grade	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 required to sign a consent form to participate.	an interschola	stic team will be notified of the schedu	ile and be
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.			
dentify the activities that the student may try out for: (if available in students' grade and school)			
Middle School or Junior High (Grades 5-9)	dle School or Junior High (Grades 5-9) Senior High (Grades 10-12)		
Yes No Badminton Basketball Cross Country Soccer Track & Field Volleyball Wrestling Does your child have any medical conditions that Yes No No If "yes", please explain.	Badminton Basketball Cross Country Curling Diving Field Hockey Football would affect to	Golf Rugby Soccer Swimming Track & Field Volleyball Wrestling	Yes No
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 school year only.			
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.