



ST. MICHAEL'S CATHOLIC SCHOOL – WALSH  
972 ST. JOHN'S ROAD, RR 2  
SIMCOE, ON N3Y 4K1  
519-426-5462



PRINCIPAL – MRS. M. PETRELLA

SECRETARY – MRS. E. MERTENS

Dear Parent/Guardians:

Your daughter was successful in becoming part of the St. Michael's Girls Volleyball Team. Practices will be held during 2<sup>nd</sup> nutrition break. We have a few exhibition games set up and are in need of parent-volunteer drivers for these games. Parents must have an updated police check in order to drive other students to these games. **The Board Tournament will be on April 4th at Holy Trinity. Cancellation date will be Tuesday, April 9<sup>th</sup>, 2024.**

*Please note that in signing the attached permission form you are not only giving your daughter permission to participate in the season (including games and the tournament), but you are also giving her permission to ride to/from games with parent volunteer drivers and to ride the Board designated bus to the tournament.*

**Game Schedule:**

**Thursday, March 21st – Home Game(s)** in Walsh St. Cecilia and Sacred Heart coming to Walsh for a round robin set of games

(Start time approximately 3:30, end time approximately - 4:30) **Pick up time in Walsh is 4:30**

**Wednesday, March 27<sup>th</sup> - Away Game** vs St. Cecilia's IN Port Dover

(Start time approximately 3:40, end time - 4:30, **parents will need to pick their child up in Port Dover at this time**)

**WE WILL NEED DRIVERS FOR THIS GAME – Please email or call if you can drive.**

**Tuesday, April 2<sup>nd</sup> - Away Game** vs Sacred Heart IN LANGTON

(Start time approximately 3:40, end time - 4:30, **parents will need to pick up their child in Langton at this time**)

**WE WILL NEED DRIVERS FOR THIS GAME – Please email or call if you can drive**

Please carefully read and fill out the permission form and return it to the school by Friday March 8, 2024 or Monday, March 18<sup>th</sup> at the latest so that we can arrange drivers for the games. Thanks in advance for your support!

Sincerely,

Mrs. K. Defreyne

Special Education Resource/Prep Teacher

St. Michael's

519 426-5462

Email: [kbouw@bhncdsb.ca](mailto:kbouw@bhncdsb.ca)

Living and Celebrating the Promise!



**Brant Haldimand Norfolk  
Catholic District School Board**

**Administrative Procedure**

Appendix D – Informed Consent/Permission Form For School Teams

**INFORMED CONSENT / PERMISSION FORM FOR SCHOOL TEAMS**

St. Michael's School Walsh is arranging for the Board Senior girls' and boys' volleyball tournament at Holy Trinity in Simcoe, Ontario on Thursday, April 4<sup>th</sup>, 2024. (Bad weather date is Tuesday, April 9<sup>th</sup>, 2024). They will be travelling by bus and under the supervision of teachers. (Also includes exhibition games, which the students will travel with volunteer drivers).

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT GUARDIAN OF A PARTICIPATING STUDENT IF THE STUDENT IS UNDER 18 YEARS OF AGE.**

**ELEMENTS OF RISK:**

School activities involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, examples of the types of injury which may result during an activity: fracture, laceration, sprain, strain, contusion, concussion, etc.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your student may be injured.

The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate, you must understand that you bear the responsibility for any injury that might occur.

Please indicate if your student has been diagnosed as having any medical conditions and provide pertinent details.

If your student is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Concussion Passport must be completed before the student returns to physical education classes, Daily Physical Activity (DPA), intramural activities and interschool practices and competitions. Request the form from the school administrator.

The **Brant Haldimand Norfolk Catholic District School Board** does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. As per school board policy, **all students** participating in extra-curricular athletic activities **MUST** have **Student Accident Insurance** made available by the school to parents at the beginning of the school year **or have private coverage** in effect. Student accident insurance is available all year, not just at the beginning of the school year. Parents can go to [www.insuremykids.com](http://www.insuremykids.com) to purchase the insurance.

**ACKNOWLEDGEMENT**

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

(if student under 18 years of age permission to participate in the activity described above.  
(Name of Student)

**Signature of Parent/Guardian** \_\_\_\_\_

(or student if over 18 years of age)

I give \_\_\_\_\_ permission to participate in the activity described above.  
(Name of Student)

**Signature of Parent/Guardian** \_\_\_\_\_

(or student if over 18 years of age)