

St. James Collegiate

1900 Portage Avenue Winnipeg, Manitoba R3J 0J1 Phone No. (204) 888-4867 Fax No. (204) 889-0830

A student who is under the age of 18 must have this form completed to obtain credit for participation in OUT-of-class physical activities as part of the Physical Education/Health Education (PE/HE) credit for Grades 9 to 12. Please return the completed form to the PE/HE teacher.

Parent¹ Declaration:

- I understand that all the physical activities my child has chosen for the OUT-of-class component of this course have been accepted by the PE/HE teacher as indicated on my child's Personal Physical Activity Plan (attached).
- I understand that there is a risk of injury associated with all types of physical activity. I have reviewed the recommended safety guidelines² for the physical activities chosen by my child and have discussed them with my child.
- I understand that the recommended safety guidelines are believed to reflect best practice and are considered minimum standards for physical activity in an organized or formal setting. They may, however, not apply to all situations (e.g., home-based, recreational, or modified activities), and more stringent safety standards may be applied by instructors/coaches/program leaders of OUT-of-class physical activities in organized programs.
- I am aware that school staff will not inspect the facilities or equipment to be used by my child for the <u>non-school-based physical activities</u>³ he/she has chosen for the OUT-of-class component of this course. I am also aware that I will therefore be responsible for ensuring, to the extent reasonably possible, that these facilities or equipment meet the recommended safety standards for the <u>non-school-based physical activities</u> he/she has chosen for this course. This may include investigating for evidence of general liability coverage.
- I am aware that the school staff will not be present or in any way involved in supervising my child while he/she participates in the non-school-based physical activities he/she has chosen for the OUT-of-class component of this course. I am also aware that I will therefore be responsible for ensuring, to the extent reasonably possible, that while participating in non-school-based physical activities my child receives the appropriate level of instruction and/or supervision for his/her chosen activities. This may include investigating for evidence of general liability coverage and requirements for personnel to undergo criminal record and child abuse registry checks.
- I will encourage my child to abide by the recommended safety guidelines for the physical activities he/she has chosen for the OUT-of-class component of this course, and to abide by any other more stringent safety standards imposed by his/her instructors, coaches, or program leaders while he/she is participating in his/her chosen physical activities for the OUT-of-class component of this course. This is to ensure, to the extent reasonably possible, that no one is injured and no property is damaged or lost as a result of my child's participation in the OUT-of-class component of this course.
- I understand that I will be responsible for paying for any and all fees that may result from my child's participation in physical activities for the OUT-of-class component of this course.
- I understand that if my child wants to choose other physical activities for inclusion in the OUT-of-class component of
 this course, and these activities are not part of the attached Personal Physical Activity Plan, prior to participation my
 child must
 - have these new physical activities accepted by the PE/HE teacher
 - obtain the recommended safety guidelines for these new physical activities, and
 - receive my consent to participate in the new physical activities

Parent Consent:

• Having considered my child's mental and physical condition, and the risks and suitability to him/her of the physical activities he/she has chosen for the OUT-of-class component of this course, I consent to my child participating in his/her chosen physical activities.

I have read, understand, and agree with the above statements.		
Parent Signature (if student is under 18 years of age)	Date	

¹ The term "parent" refers to both parents and guardians and is used with the recognition that in some cases only one parent may be involved in a child's education.

² For most activities, the recommended safety guidelines may be obtained from the teacher of this course or viewed online at the following website:

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http://www.edu.gov.mb.ca/k12/cur/physhlth/out_of_class/appendix_c.pdf

Non-school-based activities are home-, community-, or independently based activities that are not directly organized by the school or school division, such as community sports, classes and clubs, and exercising at home.



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Student Declaration:

- I am aware of the recommended safety guidelines for the physical activities that I have chosen for the OUT-of-class component of this course.
- While participating, I will abide by the recommended safety guidelines that are appropriate to the nature of the activity (e.g., recreation versus competition). When applicable, I will also abide by any other more stringent safety standards imposed by my instructors, coaches, or program leaders.
- I will ensure, to the extent reasonably possible, that no one is injured and no property is damaged or lost as a result of my participation in my chosen physical activities for the OUT-of-class component of this course.
- I understand that if I want to choose other physical activities that are not part of the attached Personal Physical Activity Plan for inclusion in the OUT-of-class component of this course, prior to participation, I must
 - have these new physical activities accepted by the PE/HE teacher

I have read, understand, and agree with the above statements:

- obtain the recommended safety guidelines for these new physical activities, and
- receive my parent's consent to participate in these new physical activities

Student's Legal Last Name		First Name	Middle Initial
Student Signature (if student is under 18 years of age)		Date	
Student email (REQUIRED):			
Selected Physical Activities:			
Physical Activity	Risk Factor	Physical Activ	ity Risk Factor