

## AP 336-1 School Registration Form for Elementary & Middle School

A child may only be registered in one school in the Abbotsford School District. In the case of a family registering with multiple children please use one form per child.

Catchment School EUGENE REIMER MIDDLE

Requested Out-of-Catchment or District Program/Placed School \_\_\_\_\_

### STUDENT INFORMATION

Gender Identity M=male, F=female, X=nonbinary \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Usual Last Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_  No Middle Name

Birth Date \_\_\_\_\_ (DD/Month/YYYY e.g. 24 May 2005)

Grade \_\_\_\_\_ Proof of Age  Birth Certificate  Passport  Citizenship Paper

Home Phone \_\_\_\_\_

### ADDRESS INFORMATION

Street Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Proof of Residence Provided  Yes  No (\*see below)

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

\* In order for a child to be registered in an Abbotsford school, evidence of guardianship and proof of residency must be provided. These documents include photo identification of the parent/legal guardian, evidence of guardianship as shown on the child's long-form birth certificate or another legal document, and the child's birth certificate. Evidence of residency is required by providing one primary source and one secondary source reflecting the parent/legal guardian's name and address as per Administrative Procedure, Section 2. Primary sources must be current-dated documents that include utility/electricity bills, Canada Revenue Agency documents, and BC Medical Services Plan invoice/statement. Secondary sources must be current-dated documents that include: internet service for the address, Subject-Free Home Purchase contract, Insurance statements/policies, Health documents (medical reports or letters), Employment pay slips

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offense of perjury, contrary to Section 131 of the Canadian Criminal Code and will result in the school principal repealing the student's placement.

### ADMISSION INFORMATION

Previous School \_\_\_\_\_

City & Province \_\_\_\_\_

Date left previous school \_\_\_\_\_ Expected start date \_\_\_\_\_

**FOR KINDERGARTEN REGISTRATION ONLY**Attended Preschool  Yes  No      Attended Daycare  Yes  No      Attended StrongStart  Yes  No

Previous School \_\_\_\_\_ City/Prov. \_\_\_\_\_

**BUSSING (does not apply for District Programs)**Is bussing needed  Yes  NoIf Yes, please register online at: <https://www.awinfosys.com/das/sd34/public/BussingRegistrationNew.asp>**INDIGENOUS ANCESTRY INFORMATION       Yes  No   If yes,** Inuit  Metis  First Nation Non-Status  First Nation Status on Reserve  First Nation Status off Reserve

Band Name \_\_\_\_\_

**PROGRAM** French Immersion  ELL  Special Education  \*Designation  \*My child has an IEP \*Was in an Alternate Program (title) \_\_\_\_\_**SUPPORT NEEDS**Does this student require additional supports for social and emotional needs?  Yes  NoDoes this student require additional supports?  Yes  NoIf yes,  Behaviour intervention plan  Safety plan

*\*This information will only be used to initiate a dialogue between the family and the school with the aim of better supporting the student and the family with a goal of successful transition to the school district.*

**IMMIGRATION/CITIZENSHIP STATUS**

Country of Birth \_\_\_\_\_ Language at Home \_\_\_\_\_

Canadian Citizen  Child  Parent • Permanent Resident/Landed Immigrant  Child  ParentRefugee  Child  Parent • International Student (funding not eligible)  Child  ParentStudent Visa  Child  Parent • Employment Authorization  Child  Parent**PARENTS/GUARDIANS**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Living with Student  Yes  No   Same Address as Student  Yes  No

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Employed at \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Living with Student  Yes  No   Same Address as Student  Yes  No

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

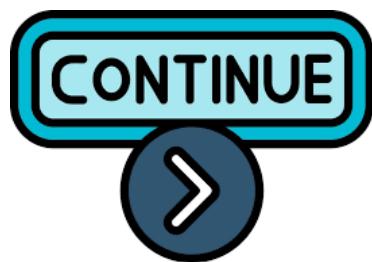
Employed at \_\_\_\_\_

Are there any legal documents in force re: custody/guardianship/access?  Yes  No

Have you provided a copy of these legal documents to the school?  Yes  No

Comments/details re submitted court order \_\_\_\_\_

\*Please note that court orders cannot be followed or acted upon by the school unless a copy has been formally submitted to the school.



**SIBLING INFORMATION** (brothers/sisters including preschoolers in the same or a different school within the Abbotsford School District)

	<b>Sibling 1</b>	<b>Sibling 2</b>	<b>Sibling 3</b>
Last Name			
First Name			
Relationship			
School			
DOB			
Sex (Male/Female)			

**CONTACT INFORMATION** (other than parent/guardian)

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_  
 2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

**OUT OF PROVINCE CONTACT INFORMATION** (In case of Provincial disaster)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Care Card Number \_\_\_\_\_

Allergies and Conditions \_\_\_\_\_

Are any of these conditions life threatening?  Yes  No If so, which? \_\_\_\_\_

Life Threatening Conditions/Medication or Treatment Required:

Condition \_\_\_\_\_ Treatment \_\_\_\_\_

(AP 323 – Support for Students with Type One Diabetes, AP 327 – Medical Alert Conditions, AP 328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website.

Name (printed) \_\_\_\_\_ Signature (parent/guardian) \_\_\_\_\_

**STUDENT INFORMATION RELEASE**

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

**1. GRADE 8-12 STUDENTS ONLY**

All students participating in secondary athletics in Abbotsford need to be registered with BC School Sports. I authorize disclosure of my child's name, birthdate, current grade, the year my child entered grade 8 and previous school to BC School Sports for registration purposes.

Signature \_\_\_\_\_

**2. COMPUTER AND INTERNET USAGE AND ACCESS**

Access to and participation in the global network (Internet) carries with it a responsibility for adherence to established guidelines for acceptable use, as per AP 334 – Online Communications and Digital Learning.

Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. I will review this policy and expectations with my child

Signature \_\_\_\_\_

**3. CANADA ANTI-SPAM LEGISLATION (CASL) COMPLIANCE FORM**

To ensure that you consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district, please complete the accompanying Canada Anti-Spam Legislation (CASL) Compliance Form. (AP 336-2 Request for Email Address Consent)

**4. PHOTOGRAPH/VIDEO AND MEDIA CONSENT FORM**

To give your consent to the Abbotsford School District to collect, use, and publicly disclose your child's name, voice and/or image for purposes consistent with AP 324, please complete form AP 324-1 Photograph/Video and Media Consent Form.

**Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashonline.com> (it takes less than five minutes)**

**Office Use Only**

Date Rec'd \_\_\_\_\_ Time Rec'd \_\_\_\_\_

Received By \_\_\_\_\_ Computer User Agreement Rec'd  Yes  No

School Entry Date \_\_\_\_\_ PEN \_\_\_\_\_ MyBCEd# \_\_\_\_\_

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the Freedom of Information Coordinator, District Administration Office, 604-859-489



Please read instructions on reverse side.

## Student Reunification Release Form - Elementary/Middle

School: [REDACTED]

Year: [REDACTED]

### Release Information:

List of your children at this school (oldest to youngest)

First Name	Last Name	Grade

Parent(s)/Legal Guardian(s)

Name (First, Last)	Home Phone	Cell Phone	Email

Additional people authorized to pick up student(s)

Name (First, Last)	Home Phone	Cell Phone	Email

Out of Region Contact Person (within Canada)

Name: [REDACTED] Email: [REDACTED]

Home Phone: [REDACTED] Cell Phone: [REDACTED] Province: [REDACTED]

OFFICE USE ONLY

Last Name of Oldest Student

Released to:

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	Yes

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

### Office Use Only - Release Confirmation

Picture ID: Confirmed  Not Available  Identification confirmed by staff

Destination: [REDACTED] Time: [REDACTED] Staff Initial: [REDACTED]

Parent/Guardian/Designee Signature: X

Please complete unshaded areas. Do not tear or remove this section.

Student Release List:

First Name	Last Name	Grade

Released

<input type="checkbox"/>	Yes

1) Proceed to gate/table: [REDACTED]

Release Teacher Initials: [REDACTED]

2) Show this form to the staff member at the gate/table

3) The staff member will locate the student(s) and bring them to you

4) Once you have the student(s), please exit the school grounds

## Instructions to Complete this Form

1. ONLY custodial parent(s) or guardian(s) may complete and submit this form.
  - In the event of a serious emergency, via this form you are authorizing school staff to release your child(ren) to the custody of the individual(s) listed on the other side of this form
  - The school may in the event of a serious emergency release your child to medical/response personnel as necessary.
2. Please complete all sections of this form except the shaded areas (including the bottom section).
  - **Important: Please leave the shaded areas blank**
3. Complete 1 form for each SCHOOL that your children attend.
  - For example: If you have children in elementary school and secondary school, you will complete 2 forms.
4. **Please DO NOT tear or remove the bottom of this form.**
5. Fill in the names of parent(s)/guardian(s) or authorized others as they appear on their identification.
6. Return the completed form to the school.
7. Inform EVERY authorized person you have listed that they are to pick-up your child(ren) at the school in the event of a significant emergency, such as a damaging earthquake. Share with them the school's processes and your family's emergency plan in the event of a major disaster.

## Additional Information

### Emergency Reunification Background

In the rare event of a significant emergency or disaster, the school may use its emergency student reunification process.

Examples of disasters where emergency student reunification may be used include but are not limited to:

- A major locally damaging earthquake,
- Overland flooding, or
- Other life-threatening regional or school emergencies.

### Additional People Authorized to Pick-Up Students

While we don't like to contemplate it, during major emergencies some parent(s)/guardian(s) may not be able to get to the school to pick-up their child(ren), either because they are unable, or roads/bridges are blocked. Therefore, all parent(s)/guardian(s) are encouraged to authorize 3 additional adults to pick-up their child(ren) in the event of a major emergency, such as a damaging earthquake. When considering authorizing these people, they ideally should be:

- An adult (over 19 years of age).
- A trusted individual, such as a close friend, family member, or neighbour.
- Physically able to travel to the school despite some obstacles in the community.
- Located near the school during much of the school day (on average).
- Able to speak English (Optional: An asset post-disaster as translators will likely be limited).

***\*\*Those authorized to pick up students will require a piece of identification upon arrival at the school. \*\****

### Out of Region Contact

This is a trusted adult who resides outside of the area impacted by the disaster; typically, someone who lives outside of Metro Vancouver. They can be important as a central contact for all members of your family following a major disaster, such as an earthquake. It is an asset for this person to be competent using computers and technology and to be live within Canada.

This email contains important information.  
Please have it translated.

ایس ہائیٹھل ویچ مہنگا پوران جائیکاری ہے۔  
کیرپا کر کے ایسدا انہاد کرو।

يحتوي هذا المستند على معلومات مهمة حول مدرسة طفلك. يرجى ترجمته.

매우 중요한 공지문이니, 반드시 번역하여 내용을 숙지하십시오.

Hãy dịch nó sang tiếng Việt. Đây là một thông báo quan trọng.

Este documento contiene información importante sobre la escuela de su hijo/hija. Hágalo traducir por favor.

## AP 324-1 – Photograph/Video and Media Consent Form

In accordance with the [BC Freedom of Information and Protection of Privacy Act](#), the Abbotsford School District is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the School District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

For example, student names and/or images may be used in:

- School and School District communications, such as newsletters, brochures and reports;
- School yearbooks;
- School and School District websites, social media sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to school-related events);\*\*
- Videos, CDs and DVDs designed primarily for educational use.

\*\* Please note that school and district staff cannot control news media access and photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.

Please complete and return to your school:

I DO GIVE MY CONSENT for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above. I understand that images posted on the internet may be stored and accessed outside of Canada.

I DO NOT GIVE MY CONSENT for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above.

**\*\* Please select:**  **THIS CONSENT WILL BE CONSIDERED VALID FROM THE DATE ON WHICH IT IS SIGNED UNTIL COMPLETION OF GRADE 8.**

Student's Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
(Please Print)

Parent/Guardian's Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone #s \_\_\_\_\_ Date: \_\_\_\_\_

School: **EUGENE REIMER MIDDLE SCHOOL**

District Freedom of Information and Protection of Privacy Contact:  
Tracy Orobko, Abbotsford School District,  
[tracy.orobko@abbschools.ca](mailto:tracy.orobko@abbschools.ca)

## AP 331-1 Rules Regarding Student Lockers: Conditions of Use

Most schools in the Abbotsford School District have lockers available for student use. Students are not required to have a locker assigned to them; lockers will only be assigned to students who complete this form. Lockers remain the property of Abbotsford School District. By applying for a locker the student agrees that **LOCKERS MAY BE SUBJECTED TO RANDOM SEARCHES BY SCHOOL DISTRICT STAFF, AND THAT THE SCHOOL DISTRICT MAY USE TRAINED DOGS TO SWEEP LOCKER AREAS FOR DRUGS.**

I \_\_\_\_\_, student, understand that this locker is assigned to me for use during the school year on the following conditions:

1. I am responsible for the locker that is assigned to me. No one else may use this locker. If I have been assigned to share this locker then only I and the other student to whom it has been assigned may use it.
2. I agree to use only an approved lock on this locker. I will register the combination of the lock at the office. I will not divulge my combination to anyone else.
3. I will only use the locker for purposes relating to school and my attendance at school. I understand that I may use the locker to store books, school supplies and equipment, clothing, school sports equipment, lunches and necessary personal items. I understand that nothing else is permitted in my locker unless the principal or vice-principal has permitted it in writing.
4. No controlled substances, weapons or prohibited or offensive material may be placed in the locker.
5. I understand and agree that School officials may search student lockers at any time and without prior notice in order to ensure compliance with the conditions of use and other school policies and rules, and that searches by school officials may include the use of trained dogs to detect the presence of drugs or prohibited materials in student lockers.
6. I understand that my permission to use the locker may be terminated if I do not comply with the conditions of use, school policies or rules.
7. I understand that it is the responsibility of all members of the school community to keep our schools safe. If I have reason to believe that any locker contains anything that would threaten the safety of other students, staff or any other person, I agree to immediately report the information to a teacher or administrator. I understand that the School District will keep my name confidential unless required by law to disclose it.
8. I agree to keep the locker clean and to remove foodstuffs on a regular basis.
9. I understand that I am responsible for cleaning and removing all material from my locker at the end of the year or when I leave the school.

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Student Signature

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Date

### Parent's/legal guardian's acknowledgement and agreement

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ (the "student"). I agree to the terms and conditions of use set out in this document, and agree that the student may have a locker subject to these terms and conditions.

---

Parent/Legal Guardian

---

Date

## AP 334-3 Bring Your Own Device (BYOD) – Consent Form

This consent form is provided to parents and students so that an informed choice may be made with regard to consent to use a personal device, such as a laptop.

The Abbotsford School District recognizes that digital devices are valuable resources for learning. The Bring Your Own Device (BYOD) Program is an optional program available in some Middle and Secondary Schools, that allows students to use personal devices limited to laptops, Chromebook or tablets. Smartphones are not included in the BYOD Program.

Participation in the BYOD Program requires district approval. The district expects that students should be using BYOD devices for educational purposes.

Although staff will endeavor to support students in the classroom, the district has no liability or responsibility at any time or location for technical support, device theft or damage, or loss of data. BYOD users are subject to school and class expectations, as well as AP 334 - Online Communications & Digital Learning. The district, through school administrators, reserves the right to access any files on the device in case of misuse, suspicion of misuse, or other activities in violation of the district's Student Code of Conduct. Misuse of devices may result in their removal from school networks and a request to remove the devices from school property.

Parents/Guardians may wish to include personal devices used on school property in their personal insurance coverage.

### Student Consent

I agree that I will use my device appropriately and for learning.

Name of Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_

### Parent/Guardian Consent

Select only one of the following:

I have read and understand the information above and consent to my child being involved in the Abbotsford School District BYOD Program. This consent will be considered valid from the date on which it is signed until completion of grade 12.

At this time, I do not consent to my child being involved in the Abbotsford School District's BYOD Program.

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Device (Tablet, Chromebook, Laptop): \_\_\_\_\_ (No phones)

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## AP 336-2 Request for Email Address Consent (CASL)

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, Abbotsford School District would like to ensure that we have your consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

Yes, I CONSENT to receiving the above communications to my email address which I have provided below, and understand that I can withdraw this consent at any time.

Email Address: \_\_\_\_\_

No, I DO NOT CONSENT to receiving the above communications to my email address.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Your Child(ren)'s name(s): \_\_\_\_\_

This information will be kept on file at the school your child is attending in Abbotsford School District.

If you have any questions please contact us at:

[info@abbschools.ca](mailto:info@abbschools.ca)

Abbotsford School District,  
2790 Tims St,  
Abbotsford, BC, V2T 4M7  
[www.abbschools.ca](http://www.abbschools.ca)



## PHYSICAL EDUCATION NOTICE AND CONSENT FORM

Dear Parents/Guardians:

The Physical Education department at Eugene Reimer Middle wanted to take an opportunity to welcome you back to school and give you some information about our program. We are happy to say that our department is rich with Physical Education experience and has teachers that are experts in a variety of areas. The department is looking forward to another excellent year.

### **Fitness off Campus**

During the school year we plan to take your son/daughter on walks or longer runs throughout the streets and neighbourhoods surrounding Eugene Reimer Middle School. At all times students will be asked to stay off private property and use all crosswalks and streetlights to maximize their safety. Occasionally, we will also use the facilities at Rick Hansen Secondary, Harry Sayers Elementary, and Ridgeview Park (5 minute walk from Reimer). Parents will be notified of any other field trips through their individual teachers.

### **Lockers**

The use of day lockers in the change room at Eugene Reimer Middle is recommended, as the department will not be responsible for any lost or stolen items. There have been thefts in previous years and the only way we can stop this problem is if students lock their clothes and belongings in a locker during their PE class! Students are requested to purchase a lock for their PE locker during gym times. (These locks are not to be used for their school hallway locker.) If students leave any lock on a PE locker for more than one day, the lock may be cut off and items will be put into a lost and found bin.

### **PE Strip**

Students are to wear PE strip (athletic wear) that is different from the clothes they have worn to school that day. Students are expected to participate in activities outside in various types of weather. We expect students to have a pair of non-marking athletic shoes that are clean so we can maximize the life of the gym floor.

When a student does not bring their PE strip to school, it will be up to the individual teacher to decide the consequence for the day. However, students who forget their strip on a regular basis will lose marks and could be referred to the principal or vice-principal.

### **Evaluation**

Students will be evaluated in a number of areas in the Physical Education Program. The goal of the department is to promote lifelong physical activity. Therefore our emphasis will be to create a program where students enjoy physical activity, see the benefit of it, and work to improving their overall

fitness. Evaluation of each student will be based upon (may vary with each individual teacher and grade level):

1. Participation and Safety: which includes cooperating, having a good attitude, being prepared with appropriate strip, keeping others in mind, and an ability to give their best effort on a daily basis.
2. Skill Development: which includes never giving up on developing their gross and fine motor skills.
3. Knowledge: which includes developing an understanding of the rules and general play of any chosen sport or activity.
4. Fitness: which includes trying to improve their personal fitness level on a daily basis and working towards achieving minimal fitness standards for their age and gender group.

**\*\*Very Important\*\***

Please fill out the consent form below and return to your son's or daughter's PE teacher. If you have any questions, please do not hesitate to contact your child's teacher.

## **Physical Education Parent/Guardian Consent Form**

I give my permission for my child, \_\_\_\_\_, to participate in Physical Education classes at the fields of Ridgeview Park, Harry Sayers Elementary, and Rick Hansen Secondary.

I also understand my child will be walking or running off campus and will be expected to stay off private property, obey all traffic signs, crosswalks, and streetlights.

Medical Concerns, if any: \_\_\_\_\_  
(Please also include this information on BCeSIS Student Information Verification)

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## AP 308-6 Extracurricular Athletics Consent and Participation Agreement

This Consent and Participation Agreement provides information about student participation in Abbotsford School District Extracurricular School Sports Programs (a “Sports Program”) along with the measures we have put in place to mitigate risks to students and our expectations of students and parents. Once you have reviewed this form, please ensure that both you, as the parent/legal guardian, and your student sign and return it to the school.

### **Your Responsibilities**

It is the responsibility of students and their parents/guardians to (1) ensure students are physically and medically fit and able to participate in the Sports Program(s) (and to seek medical advice where appropriate); (2) to identify to school authorities any activities in which students are unable to safely participate; (3) refrain from any activities or conduct that may place other participants at risk; (3) refrain from participating in the school’s Sports Program and from entering school facilities, or any facilities used by the Sports Program if symptoms of Covid-19 or other communicable disease are present, (4) read the school’s athletic Code of Conduct and comply with all Sports Program and health & safety rules of the school, and the directions of the teachers and coaches; and (5) comply with all other public health guidance and requirements in place from time to time regarding attendance at sporting events and practices.

### **Nature of Risks**

By signing this Participation Agreement parents and students acknowledge and agree that: (1) they consent to the student’s participation in such Sports Program(s) and all related activities, and understand and acknowledge that this may expose the student to risk, including through their attendance and participation in such Sports Program(s), which may include the use of the facilities and lands owned, occupied, or used by the School District; (2) the risks of injury and illness (e.g. communicable diseases such as influenza, Covid-19 and MRSA) are significant, and while particular rules, equipment, hygiene measures and personal discipline may reduce these risks, the risks of serious injury and illness do exist; (3) the student’s participation is voluntary and you understand and agree to assume any and all risks associated with his/her/their participation in such Sports Program, whether or not the School District has disclosed those risks to you, including the possibility of communicable disease illness, injury, psychological injury or stress, pain, suffering, permanent or temporary disability, property or economic loss, even death and other unforeseen risks (collectively the “Losses” and each a “Loss”).

### **Emergency Medical Care**

In the event of injury or other medical emergency involving the student, the school may arrange to provide care to the student and/or transport the student to a medical facility. The School District will make efforts to contact the parents/legal guardians in such circumstances but may, if necessary, make arrangements for the delivery of first aid or medical care to the student before parents/legal guardians are contacted.

### **General**

By completing this document, you acknowledge and agree that: (1) You have read and understand and agree to this Participation Agreement; (2) You will ensure that you and your student comply with any sporting rules and health and safety measures as communicated by school administration, teachers and coaches; (3) You have the legal authority to enter into this Consent and Participation Agreement on your own behalf or, as applicable, on behalf of your student; (4) By providing this Consent and participating in the above-referenced activities and events, you voluntarily assume all risks of the Losses described above, including the risk of Covid-19 infection; (5) You consent to the collection, use and disclosure of your personal information and your child's personal information for the purposes of participating in a Sports Program and, if necessary, providing related first aid or medical care as described above.

I am the parent/legal guardian of the Participant, and I accept this Agreement on my own behalf and on behalf of my student.

Name of Parent/Legal Guardian: \_\_\_\_\_

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

Name of Student: \_\_\_\_\_

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

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

# COURSE & PROGRAM SELECTIONS

Second language, Band & Soccer Academy



Eugene Reimer  
Middle School

\*\*\* Parent or Guardian must complete form \*\*\*

Dear Parent/Guardian,

We are currently in the process of planning schedules for the next school year and require some information about student course selections.

Student Name: \_\_\_\_\_  
(First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Grade level September: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Second Language Class Preference: *(check one only)*

**FRENCH**   or   **PUNJABI**

Please understand there will be no changes allowed after June 30<sup>th</sup>.

INTERESTED IN TAKING BAND?

Yes

No

INTERESTED IN SOCCER ACADEMY?

Yes

No

We appreciate your assistance in helping us plan for your child's successful education at Eugene Reimer Middle School. If you have any further questions, please do not hesitate to call the Principal or Vice-Principal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is an important notice, please have someone translate it.

ਇਹ ਇੱਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਤੋਂ ਇਸ ਦਾ ਅਨਵਾਦ ਕਰਵਾਓ।

Office Date Stamp