



**PARENTAL AUTHORIZATION To PARTICIPATE  
In COMPETITIVE SPORTS**

This form shall be completed by the custodial parent/legal guardian of every aspiring player before participation in any competitive sport under the jurisdiction of Red Deer Catholic Regional Schools Athletic Association(s) before a practice or game is permitted. Parents are advised that there exists an element of risk or injury that is inherent in sport participation.

**ACCIDENT INSURANCE NOTICE**

The Division provides basic accident insurance for students participating in competitive sport activities. The school may offer for purchase by parent's enhanced accidental insurance packages. Parents are encouraged to consider purchasing additional enhanced student accident insurance.

**ACKNOWLEDGEMENT OF RISK**

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck and back. While the Board does require appropriate supervision, parents should be aware there may be an element of risk of injury in trying out or taking part in competitive sporting activities.

**AUTHORIZATION TO PARTICIPATE**

I/we hereby grant permission for my son/daughter (name) \_\_\_\_\_  
registered in (school) \_\_\_\_\_, to participate in competitive sports for the  
\_\_\_\_\_ school year.

I/we understand there exists an element of risk of injury inherent in competitive sports participation and therefore acknowledge, by signing this form, that the Division recommends, but does not require, additional accident insurance coverage for participation in competitive sports activities. I agree the school board or its employees shall not be liable for any injury to my child or loss or damage to personal property arising from participating in school athletic events. I/we have read and understand the notices of accident insurance and elements of risk.

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

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

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

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

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