

# Holy Cross Athletic Department

Matthew LeChasseur  
Athletic Director  
16193 88th Ave.  
Surrey, B.C. V4N 1G3

Telephone (604) 581 3023  
Fax (604) 583 4795

## ATHLETE'S PACKAGE

Dear Parents,

Your son/daughter has become a part of the Holy Cross Athletic Team. Before the season begins we would like to extend a warm welcome to you, the parents. A special greeting to those first time Holy Cross Athletic parents. We hope to provide a very positive experience for your child and yourself. Foremost, is to keep you informed. Each coach will be sending you a copy of the season schedule and various other pieces of important information pertaining to the team. The following is a list of fees for all sports.

### (ALL FEES MUST BE PAID USING THE PAYMENT PLAN OPTION FORM)

#### FALL SPORTS :

1. GRADE 8 FOOTBALL	\$175.00	JR AND SR FOOTBALL	\$275.00
2. VOLLEYBALL	\$150.00		
3. X COUNTRY	\$45.00		
4. SWIMMING	\$85.00		
5. CHEERLEADING	\$50.00		
6. DANCE	\$65.00		

#### WINTER SPORTS

1. BASKETBALL Grade 8	\$185.00 (includes Jersey)
Junior	\$175.00 (Registration cost only)
Senior	\$175.00 (Registration cost only)
2. CURLING	\$60.00

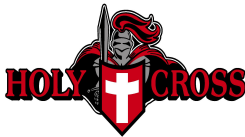
#### SPRING SPORTS

1. TRACK	\$75.00 (Registration Only) \$90.00 (If you need a jersey)
2. GOLF	\$50.00
3. SOCCER(Girls)	\$150.00 (includes shorts & socks)
4. TENNIS	\$60.00/ \$90.00 (if you need a jersey)
5. ULTIMATE	\$85.00

You and your child must complete the registration package, and return it to the school before the registration deadlines below.

#### Deadlines for Registration Forms and Online Payments:

Fall Sport Season - Oct. 1st    Winter Sport Season - Dec. 14th    Spring Sport Season - April 5th



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## CRUSADER STUDENT-ATHLETE REGISTRATION FORM

Name (surname) \_\_\_\_\_

Name (first) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone # (Home) \_\_\_\_\_

Contact Phone # (bus., cell, etc) \_\_\_\_\_

Other Phone # (in case of emergency, eg, grandparents)

\_\_\_\_\_

E-mail(s) \_\_\_\_\_

Date of Birth (date, month, year) \_\_\_\_\_

Male

Female (please circle)

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

Medical Number \_\_\_\_\_

Group Number \_\_\_\_\_

Family Practitioner \_\_\_\_\_

Phone # \_\_\_\_\_

Health Status (good/fair/poor) \_\_\_\_\_

Medical Concerns \_\_\_\_\_

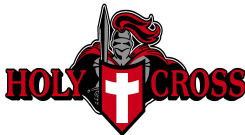
Any medical issues the school should be aware  
of: \_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Sport: \_\_\_\_\_



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PARENT/GUARDIAN-please read:

## LIABILITY WAIVER

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the Catholic Independent Schools of the Vancouver Archdiocese (CISVA) or its employees or agents, or the facility where the activity is taking place, or during transportation to and from game locations. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that the sport you have indicated above, and all related activities including transportation, are suitable for your child. The school and the CISVA do not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of students.

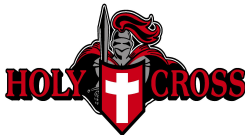
I give, \_\_\_\_\_ permission to participate in the sport we have indicated above. I understand that my child may be exposed to certain risks while participating in this activity and/or during transportation . Accidents and injuries may occur.

(Signature of parent/guardian) \_\_\_\_\_

(Date) \_\_\_\_\_

(Printed name of parent/guardian) \_\_\_\_\_

(Address of parent/guardian) \_\_\_\_\_



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## CONSENT TO RELEASE OF STUDENT INFORMATION

In the course of a season, teams, along with their coaches, may decide to publish a team list, which may include the name, address, phone number, birthdate, and email of all team members, including the managers. This list would be published solely for the use of the

team members and coach, and would not be distributed to any other persons. By signing below, you are giving permission for your child's information to be included on such a list, and for the list to be distributed to the team members, and coach,

For registration and eligibility management purposes, BC School Sports requires all athletes in sanctioned high school sports to be registered online in their STARS Database. This information includes the students name, grade, gender, age and sometimes depending on the sport height and weight.

I give permission for my child, \_\_\_\_\_, to:

(check with an X)

\_\_\_\_\_ have his/her name, address, phone number, birthdate, and email address to be included on a team list, and for such a team list to be distributed to all team members, including coach and managers.

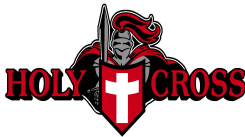
\_\_\_\_\_ have his/her name, birthdate/age, gender, and current grade entered into the BC School Sports STARS registration Database.

(Signature of parent/guardian) \_\_\_\_\_

(Date) \_\_\_\_\_

(Printed name of parent/guardian) \_\_\_\_\_

(Address of parent/guardian) \_\_\_\_\_



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## ***What can happen if my child keeps on playing with a concussion or returns too soon?***

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescents or teenage athletes will often under report symptoms of injuries and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete's safety.

If you think your child has suffered a concussion Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. Holy Cross requires and is committed to the uniform implementation of long and well-established return to play concussion guidelines.

You should inform your child's coach if you think your child may have a concussion. Remember, it's better to miss one game than miss the whole season. When in doubt, sit them out

*For current and up-to-date information on concussions, please visit [www.thinkfirst.ca](http://www.thinkfirst.ca)*

## **PARENT-ATHLETE CONSENT FORM**

Athlete Name Printed \_\_\_\_\_

Athlete Signature \_\_\_\_\_

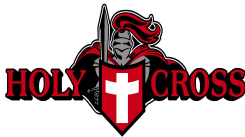
Date \_\_\_\_\_

Parent of Legal Guardian Printed \_\_\_\_\_

Parent of Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing the above, the signees acknowledge they have read the above information and understand the risk of head injuries associated with playing a contact sport. The signees also agree to abide by all the guidelines set out by the Holy Cross concussion policy.



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## CONCUSSION INFORMATION SHEET

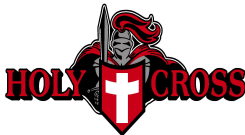
A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head, or by a blow to another with the force transmitted to the head. They can range from mild to severe and can disrupt the way normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage if not managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of a concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of a concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### **Symptoms may include one or more of the following**

- Headaches "Pressure in the head"
- Nausea or vomiting
- Neck Pain
- Balance problems or dizziness
- Blurred, double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling groggy or foggy
- Drowsiness Change in sleep patterns
- Amnesia "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

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

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



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## INFORMED CONSENT FORM FOR TRAVELLING

### Holy Cross Athletics PLEASE READ CAREFULLY BEFORE SIGNING

I hereby give my consent, and acknowledge with my signature that my daughter/son,

\_\_\_\_\_  
Student's first name

\_\_\_\_\_  
Student's last name

will be attending athletic events organized by Holy Cross Regional High School. The purpose of these trips is to:

- Participate in the sporting events that the team has registered for that include games, tournaments, practices and/or team events:

The trips will occur periodically throughout the designated sport season.. The events will take place during and after school time. Students may travel by the Holy Cross School bus, parent or student drivers.

#### Safety Precautions

The following safety precautions have been taken to reduce the level of risk to your child:

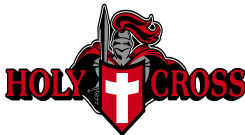
- Driving will take place on main roads and highways
- Driver will have a cell phone
- There will be a first aid kit available
- There will be 1 and in some cases 2 adults attending the trip

#### Risk Disclosure

I am aware of the increased and inherent risks associated in participating in athletic opportunities off of the school property. I understand there is the possibility of personal injury, death, property damage or loss resulting from participating in this trip. These dangers and risks may include, but are not limited to the following:

- Travel in a bus or car on major highways, roads, and city streets
- Human error of other students, teachers, or volunteer parents on the trip.
- Failure or breakage of equipment, planes, vehicles or any team related equipment
- Conduct of participants and/or failure to abide by safety instructions
- Falling
- Drowning or hypothermia from exposure to water.
- Sun related ailments such as burns, heat/sun stroke.
- Accidents related to the gymnasiums, fields, and other recreation facilities
- There will be times during travel and the trip where students will not be directly supervised

It is my responsibility to supply the appropriate personal clothing and equipment necessary for my child's participation on these trips. I am aware that I should contact the school for further



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information if I am unsure or unaware of what clothing and/or equipment is required for the activities or possible weather conditions expected on the trip.

My child and I understand that the school's Code of Conduct applies during this trip. Holy Cross Regional High School prohibits the use of drugs or alcohol prior to or during the trip and I agree that my child will not participate under the influence of alcohol or drugs. I also agree that at any time Holy Cross Regional High School may refuse the participation of any student who is a hazard to themselves or any other person on the trip. I will be responsible for any costs associated with my child's failure to abide by the code of conduct, including the cost of sending my child home. I agree that I will be responsible for picking up my child if he/she is dismissed from the trip for breaking the Code of Conduct policies at Holy Cross Regional High School.

I have read the information package and understand the nature of the activities proposed therein. I understand that the itinerary may be subject to changes depending on any other unforeseen events that may arise. I understand and agree that these trips, as described above are suitable for my child and that they are medically, physically, and emotionally fit to fully participate in the trip.

**Accidents can be the result of the nature of Athletic trips and can occur with or without any fault on either the part of any student, or the Catholic Archdiocese of Vancouver, or Holy Cross Regional High School or its employees, volunteer parents, agents, or the facility or location where the trip is taking place. By allowing your son/daughter to take part in this activity, you are acknowledging the risk of an accident occurring and agree that this activity is suitable for your child.**

**Student Name:** \_\_\_\_\_

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

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Printed name of Parent/Guardian

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

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Mother's home phone number

\_\_\_\_\_  
Mother's work phone number

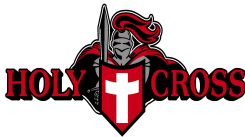
\_\_\_\_\_  
Mother's cell phone

\_\_\_\_\_  
Father's home phone number

\_\_\_\_\_  
Father's work phone number

\_\_\_\_\_  
Father's cell phone number





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Student's First and Last Name: \_\_\_\_\_

## FALL SPORTS:

Amount you are paying

Football - Gr. 8	175.00 \$	_____
Football - JR & SR	275.00 \$	_____
Volleyball	150.00 \$	_____
Cross Country	45.00 \$	_____
Swimming	85.00 \$	_____
Cheerleading	50.00 \$	_____
Dance	65.00 \$	_____

## WINTER SPORTS:

Basketball - Gr 8	185.00 \$	_____
Basketball - JR & SR	175.00 \$	_____
Curling	60.00 \$	_____

## SPRING SPORTS:

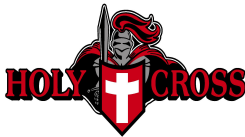
Track	75.00 \$	_____
Golf	50.00 \$	_____
Soccer	150.00 \$	_____
Tennis	60.00 \$	_____
Ultimate	85.00 \$	_____

Total

Method of Payment: Please select one

- 1.) Pre-Authorized Debit (It is mandatory to sign the PAD agreement on the next page)
- 2.) Online Payment (please attach receipt  
<https://www.holycross.live/online-payments>)
- 3.) Cheque payable to Holy Cross Regional Secondary School and attach to this form

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



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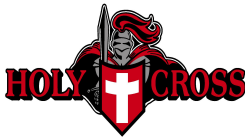
## Pre-Authorized Debit (PAD) Agreement

You the payor, hereby authorize Holy Cross Regional Secondary School to debit the bank account on file or on the attached void cheque, for the amount of \$ \_\_\_\_\_, as indicated on the previous page.

Account Holder's Name \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_

Date \_\_\_\_\_



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## Checklist:

- Completed Student Athlete Registration Form**
  
- Completed the Liability Waiver Form**
  
- Completed the Release of Student Information Form**
  
- Completed the Concussion Information Form**
  
- Informed Consent Form for Travel**
  
- Completed Preferred Payment Option**