



# JOHN OLIVER SECONDARY SCHOOL

## ATHLETIC CODE

(REV. 08/24)



As a member of the **John Oliver** Athletic Program, student participants should be aware of the school's Athletic Code and the objectives of the program. The Athletic Code is designed to be the general principles governing the athletic program, and all members are expected to uphold its provisions to the best of their ability. Violations of the school's Athletic Code may result in disciplinary action and a review of student participation by the school's Athletic Board; consequences may include suspension from the program and/or loss of eligibility towards program privileges and recognition; reviews may be forwarded to school Administration for further action. Review and disciplinary action may occur at the discretion of the coach/sponsor level, or in extenuating circumstances by the school's Athletic Board and/or the school Administration if necessary.

### 1. **Each student-participant is expected to demonstrate Responsibility**

- A. Team members are expected to **attend all practices, games and team functions**, unless there is a valid reason for being absent. The coach/sponsor must be notified prior to the absence with as much advance notice as possible.
- B. **Withdrawal** from a team must be with the **approval** of the coach/sponsor and/or the Athletic Director once rosters have been declared; withdrawal after team membership is declared without this approval is deemed unfair to the team overall as well as to other student-participants, especially in situations where a minimum number is required in order to compete as a team. A withdrawal is viewed as an extremely serious matter.
- C. Every team member is expected to maintain positive **academics and attendance** to the best of their ability. This includes issues of academic honesty and integrity as well as efforts in class. In order for a student to participate in a game, they must be in **attendance in that day's classes**.
- D. **Athletic fees** for the season in which the sport is played need to be paid before students may participate on a team and issued uniforms. These fees go toward the running of the specific team and the overall Athletics program and include equipment, uniforms, competition fees, supplies, officials, facilities, etc. Specific adjustments according to personal circumstances should be done through the school Athletic Director. Financial assistance may be applied for on an individual basis through the school Athletic Director; **no student is to be denied opportunity based on financial difficulties**.  
*Failure to address fees or return uniforms/equipment will result in full replacement costs charged to the student, possible loss of eligibility from further participation in the athletic program and administrative involvement.*

### 2. **Each student-participant is expected to practice Positive Citizenship**

- A. As a representative of the Athletic program and the school, each member is expected to maintain **positive standards of behaviour and conduct** in *and* outside of school; student participation in extracurriculars such as school athletics is representative and therefore an extension of the school itself. Please note that in addition to physical behavior, this also applies to **digital/on-line conduct**. Inappropriate conduct includes the act or encouraging of: stating or posting belittling, derogatory and/or malicious comments, harassment, vandalism, and violence. Serious violations may also be subject to further discipline.
- B. **Proper attendance** in **curricular** as well as **extra-curricular commitments** is expected; students are encouraged to be involved and engaged in the school community, with an appropriate balance so that commitments are able to be met without one needing to be compromised for another.
- C. **Vancouver & District rules** (alcohol, tobacco, and drugs may not be used while traveling to, during, or returning from a match or practice) *must* be abided by.

### 3. **Each student-participant is expected to practice good Sportsmanship**

- A. All participants are expected to show **respect and courtesy** to all coaches, sponsors, teammates, opponents, officials and spectators. Violations will/should be addressed initially by the coach/sponsor; further action by the school Athletic Board and Administration may be taken if necessary.



## JOHN OLIVER SECONDARY SCHOOL ATHLETIC COMMITMENT & CONSENT

(REV. 08/24)

In order for the school to fulfill its obligations to the Vancouver Secondary Schools Athletic Association and BC School Sports, it is necessary that students competing for a school team commit themselves to **attend all practices, team functions, and games for that team**, unless:

- They are absent from school for a valid reason;
- By mutual agreement of the coach/sponsor and student, the student athlete is released from the commitment.

Students and parents/guardians should understand that the school's athletic program exists in order to provide students with the opportunity to develop both their knowledge and their level of skill in an activity through athletic training and competition with other secondary schools. Participation in the school's athletic program is considered a *privilege*, with responsibilities and expectations that need to be met in order for that privilege to continue. These activities do require a **student athletic fee** to be paid in order to meet some of the costs associated with the activities provided; costs include sport membership fees, facilities, equipment, uniform usage, recognition, referees and officials. Financial assistance can be applied for through the school's athletic board; *no student shall be denied the opportunity to participate based on financial challenges*. It should also be understood that school athletics is dependent on the volunteerism of staff, community coaches, and student officials, and **proper respect and conduct must be shown by all participants – whether as athletes or as spectators (student as well as adult)** – in order for this to be possible.

Students and parents/guardians must review and understand the school's [John Oliver Athletic Code](#) (see separate form). Failure to abide by this code may result in the intervention of the school's Athletic Board, ineligibility for and/or revoking of school awards, and possible suspension from extra-curricular activities associated with school athletics, as well as further measures from the school administration.

**In order for students to participate in the John Oliver Athletic Program, both the student AND parent/guardian must complete the following portion below and return it along with the requisite athletic fee (or financial assistance application form) and the [Athletics Medical Form](#) to the team sponsor/coach responsible for that team/activity prior to any formal participation.**

Both the student and the parent/guardian should clearly understand the **commitment** to practice and game schedules before signing and returning this form, since by doing so will constitute agreement to abide by the principles and regulations of the school's athletic code and policies.

**Mr.P. Lee, Athletic Director**

By signing below, I give consent to (name of student) \_\_\_\_\_ to participate in the **John Oliver** Athletic Program as a member of the (name of team) \_\_\_\_\_.

I have read the above information and the **Athletic Code**, and **I understand and agree to the commitments involved**.

I also understand and accept that there are inherent risks involved in particular sports/activities, and that there may be times when the student is not under direct supervision of Vancouver School Board/School sanctioned personnel, but the student is expected to abide by all rules and regulations governing participation in the sport/activity, traveling to, competing in, and returning from a competition, practice or team function.

By signing below, I believe my child named above, to be physically fit to take part in this sport/activity, and I give permission for them to do so, as well as to release the student's information to BC School Sports on-line and VSSAA registration purposes. I agree and give permission for **John Oliver** Athletics to the recording and/or photographing of my child in the participation of the sport/activity for usage in skill and game analysis, as well as for promotion of the school athletics program; any personal identification or further information beyond the digital imaging will require additional parental/guardian consent; and that a separate letter will need to be submitted expressing non-consent to such media recording for purposes listed.

\_\_\_\_\_  
**Parent/Guardian's Signature & Date**  
(please print name as well)

\_\_\_\_\_  
**Student's Signature & Date**





**JOHN OLIVER SECONDARY SCHOOL**  
**STUDENT-ATHLETE MEDICAL FORM**



(REV. 09/21)

All information must be completed; a separate form is required for each sport. Eligibility to participate may be withheld if information is incomplete or not submitted.

NAME: \_\_\_\_\_ D.O.B. (d/m/y): \_\_\_\_\_ GENDER: \_\_\_\_\_

TEAM: \_\_\_\_\_ GRADE: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEDICAL INSURANCE NO.: (BC Care Card) \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: (If different from above) \_\_\_\_\_

PHONE NUMBER: (If different from above) home \_\_\_\_\_ cell \_\_\_\_\_

CONTACT PERSON IF PARENT UNAVAILABLE: \_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER: home \_\_\_\_\_ cell \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**RECORD OF ILLNESS:** Indicate those which have occurred at any time, state any illness/injury of past 5 years (sprains, breaks, concussions, etc.):

\_\_\_\_\_

\_\_\_\_\_

(Check if student has:) ASTHMA \_\_\_\_\_ DIABETES \_\_\_\_\_ HEART CONDITION \_\_\_\_\_

**ARE YOU CURRENTLY INVOLVED WITH A COMMUNITY SPORT/ACTIVITY?**

\_\_\_\_\_ Yes If yes, please provide which sport(s)/activity and organization(s):

\_\_\_\_\_ No \_\_\_\_\_

**PAST OR CHRONIC INJURIES** (describe): \_\_\_\_\_

\_\_\_\_\_

OTHER CONDITIONS OR SURGERY: \_\_\_\_\_

CHECK IF YOU SUFFER FROM ANY OF THE FOLLOWING: \_\_\_\_\_ ALLERGIES(to: \_\_\_\_\_)

RECURRING HEADACHES \_\_\_\_\_ SEIZURES \_\_\_\_\_ BLACKOUTS \_\_\_\_\_ CHEST PAIN \_\_\_\_\_

DO YOU REQUIRE CORRECTIVE LENSES? YES \_\_\_\_\_ NO \_\_\_\_\_ /GLASSES\* \_\_\_\_\_ CONTACTS \_\_\_\_\_

*\*it is strongly recommended that straps be worn with glasses during the sport activity*

IMMUNIZATION YEAR OF LAST TETANUS SHOT: \_\_\_\_\_

LIST ANY **MEDICATIONS** TAKEN REGULARLY(along with reason): \_\_\_\_\_

\_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_

## STUDENT AND PARENT CONSENT AND PARTICIPATION AGREEMENT

This Consent and Participation Agreement provides information about student participation in Vancouver Schools Extracurricular Sports Programs 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 you, as the parent/guardian, and your child sign the appropriate forms and return it to the School.

### Your Responsibilities

It is the responsibility of students and their parents and guardians to:

- (1) ensure students are physically and medically fit and able to participate in the school's athletic programs and to seek medical advice where appropriate.
- (2) to identify to school authorities activities in which students are unable to safely participate
- (3) refrain from any activities or conduct that may place other participants at risk.
- (4) read the school's and district's athletic code of conduct and comply with the school's athletic and health and safety rules of the school and the directions of teachers and coaches. In the event of any non-compliance with these conditions, students may not be permitted to participate until the non-compliance issues are resolved.
- (5) comply with public health guidance and requirement in place from time to time regarding attendance at sport events and practices.

### Nature of the Risks

By signing this Participation Agreement parents and students acknowledge and agree that:

- (1) they consent to the student's participation in such athletic programs 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, and COVID-19) are possible, 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 their participation in such athletic programs, whether or not the School District has disclosed those risks to you.

### Emergency Medical Care

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

We want to ensure that all parents and guardians are aware of the insurance coverage situation in the unfortunate event of a player being injured. Please note that students are not provided with insurance coverage if they are injured at school or during a school-related event or game. The VSB's insurer does not offer accident coverage (e.g., medical or dental) for injured students. Some benefits may be available through a student's MSP coverage, or through a voluntary student accident insurance policy that parents/guardians can purchase independently.

**Student Accident Insurance :** The Vancouver School Board provides families with access to two optional student accident insurance plans. These plans offer coverage for accidental injuries, unexpected medical expenses, and critical illness. Two providers are listed below- families can register and purchase coverage directly through the links provided.

Insure My Kids: <https://insuremykids.com/schoolresources/>

IA Family Accident Reimbursement Plan: <https://ia.ca/accident-insurance>

### General

By completing the 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 child comply with any district-wide and school-specific code of conduct, sporting rules and health and safety measures as communicated by school District, administration, teachers, and coaches.
- (3) you have the legal authority to enter into this Participation Agreement on behalf of your child.
- (4) you, on your own and on behalf of your student, voluntarily assume all risks of the Losses described above.
- (5) you consent to the collection, use and disclosure of your personal information and your child's personal information as described above.
- (6) you have been advised of optional student insurance.

### Carpooling

Parents/guardians/caregivers/volunteer drivers may provide transportation to school sports activities if they have completed the Volunteer Driver Form signed by the school administrator.

☐ I am the parent/guardian of the Participant, and I accept this Agreement on my own behalf and on behalf of my child

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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



## COVID-19 Daily Health Check

All parents, guardians, and/or caregivers have the responsibility to conduct a Daily Health Check of your child(ren) each day before sending them to school. Similarly, all VSB staff must complete a Daily Health Check.

Keep a copy of this Daily Health Check in a handy area at home and incorporate this Daily Health Check into your morning routine, before leaving for school or work.

Daily Health Check			
<b>1. COVID-19 Symptoms</b>		Do you have any of the following symptoms?	
Fever (over 38°C)		YES	NO
Chills		YES	NO
Cough or worsening of chronic cough		YES	NO
Difficulty breathing		YES	NO
Loss of sense of smell or taste		YES	NO
Sore throat		YES	NO
Loss of appetite		YES	NO
Extreme fatigue or tiredness		YES	NO
Headache		YES	NO
Body aches		YES	NO
Nausea and vomiting		YES	NO
Diarrhea		YES	NO
<b>2. International Travel</b>	Have you returned from travel outside Canada in the last 14 days <b>AND</b> told to quarantine by Canada Border Services Agency?	YES	NO
<b>3. Close Contact</b>	Have you been advised by Public Health you are a close contact of a person with COVID-19 <b>AND</b> told to isolate?	YES	NO

### WHAT TO DO NEXT

If you answered "No" to all of the above (1-3), the student or staff member is welcome to attend school or work.

#### 1. If you answered "Yes" to any of the above symptoms, follow the instructions below:

SYMPTOMS		WHAT TO DO
<b>Fever (above 38°C)</b> <b>Chills</b> <b>Cough</b>	<b>Loss of sense of smell or taste</b> <b>Difficulty breathing</b>	<b>1 or more of these symptoms:</b> Get tested and stay home.
Sore throat Loss of appetite Headache Body aches	Extreme fatigue or tiredness Nausea or vomiting Diarrhea	<b>If you have 1 symptom:</b> Stay home until you feel better. <b>If you have 2 or more of these symptoms:</b> Stay home and wait 24 hours to see if you feel better. Get tested if not better after 24 hours.

**2. If you answered "Yes" to travelling internationally** within the last 14 days **AND** told to quarantine by Canada Border Services Agency, follow Canada Border Services Agency's guidance and do not return to school/work until Canada Border Services Agency says it is safe to do so.

**3. If you answered "Yes" to being told to isolate by Public Health**, self-isolate at home as directed by Public Health. If you also have any symptoms, or develop any, get tested for COVID-19.

If you have any questions, or the symptoms get worse, contact your healthcare provider, or call 8-1-1. For more information on COVID-19, please go to [www.bccdc.ca](http://www.bccdc.ca). If you develop severe symptoms, such as difficulty breathing (e.g., struggling to breathe or speaking in single words) or chest pain, call 9-1-1 or go to the nearest Emergency Department.