

Dear Parents and Athletes:

Welcome to a new and exciting time! Over few years of teaching wrestling to my classes I have recognized how much they enjoy the activity. With this in mind I have decided to take it one step further. I have decided to start a club which I hope will include a variety of athletes. Our club could have any student from grade 7 through to grade 12. So I have decided to call us the "HAWKS"! Just like our football team that spans both schools. The combination of Jayhawks and Mohawks that has been so effective with our football program.

We will have practices as well as attend some tournaments. As my time is quite limited our practices will occur regularly on Saturday nights from 7:00 – 9:00 at Alexandra Middle School. It is my hope to have practices other nights of the week as well but these will occur on a more intermittent basis and will not be set!

As there is lots of work to do with this and my experience as a wrestler is extremely limited. I have accepted an offer for assistance from Fode Lambiris. He brings the experience in the sport that I do not have and with that I am sure he will have a better understanding of the technical aspects that go along with the sport.

Of course there will be some fees for some of the activities so I think that the initial cost should be \$75.00. That should be enough to cover an entry fee to a tournament and any other little things. Additionally, I plan to insure all the participants through Wrestling Alberta, which will have a cost for that as well.

As this is all new for me, I can not help but tell you that I am excited to offer this to our youth. I feel that this challenge may expose them to some new opportunities as well as continue to improve their fitness levels. If you would like to participate in this activity please fill in the waiver form and return with the fee. If there are any questions do not hesitate to call Darren at 527-8571 ext#3221 or at home in the evening at 528-4419.

Sincerely Yours,

Darren Klein



**Alexandra Middle SCHOOL**  
**EXTRA-CURRICULAR APPLICATION FORM**

**Student Name:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I/WE are satisfied that my/our son/daughter \_\_\_\_\_ is in good health to take part in strenuous activities. He/she has my permission to participate in the extra-curricular activities indicated below and conducted by Alexandra Middle School.

It is with my/our knowledge that my son/daughter has been examined by a medical doctor within the last 12 months and has been declared that he/she is physically fit to compete in the following extra-curricular activities indicated below and conducted by Alexandra Middle School.

I/WE also agree with the need to have our son/daughter examined by a physician following an illness or injury to re-establish the bill of good health and understand that this, or any other medical examination, is my sole responsibility.

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

Please check each of the sports/clubs below he/she is permitted to tryout for and/or take part in:

- Badminton     Band     Baseball     Basketball     Chess Club     Choir     Cross Country  
 Curling     Drama     Free Club     Football     Golf     Hockey     Meet & Greet  
 Performers' Club     Rugby     Soccer     Track & Field     Volleyball     Wrestling Club  
 Workout Club     Other: \_\_\_\_\_  
(please specify)

**PERSONAL INFORMATION:**

Gender:  Male     Female

Student's Date of Birth: Day: \_\_\_\_ Month: \_\_\_\_ Year: \_\_\_\_ Age as of Sept. 1<sup>st</sup>: \_\_\_\_

Student's Alberta Health Care Number: \_\_\_\_\_

Additional Health Care Coverage: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell or Business Phone Number of Parent(s): \_\_\_\_\_

Name of Alternate Contact Person(s): \_\_\_\_\_

Address of Alternate Person(s): \_\_\_\_\_

Home Telephone Number of Alternate Contact: \_\_\_\_\_

Cell or Business Phone Number of Alternate: \_\_\_\_\_

**HEALTH INFORMATION: (Check where applicable)**

- Asthma     Blood Clotting Disorder     Bruise Easily  
 Diabetes     Epilepsy     Heart Disease  
 Hernia     High Blood Pressure     Kidney Disease  
 Pneumonia     Rheumatism     Tetanus Booster  
 Other (Specify) \_\_\_\_\_     Other (Specify) \_\_\_\_\_

**PREVIOUS SURGERY OR MAJOR ILLNESS:**

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**PREVIOUS INJURIES: (sprains, strains, fractures, torn muscles, ligament injuries, dislocation etc. If yes, check below and describe).**

- |                                      |                                       |                                        |                                         |
|--------------------------------------|---------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Ear         | <input type="checkbox"/> Eye          | <input type="checkbox"/> Nose          | <input type="checkbox"/> Skull Fracture |
| <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Lower Back   | <input type="checkbox"/> Chest or Ribs | <input type="checkbox"/> Abdominal      |
| <input type="checkbox"/> Shoulder    | <input type="checkbox"/> Upper Arm    | <input type="checkbox"/> Elbow         | <input type="checkbox"/> Forearm        |
| <input type="checkbox"/> Wrist       | <input type="checkbox"/> Hand         | <input type="checkbox"/> Pelvis        | <input type="checkbox"/> Hip            |
| <input type="checkbox"/> Upper Leg   | <input type="checkbox"/> Lower Leg    | <input type="checkbox"/> Knee          | <input type="checkbox"/> Ankle          |
| <input type="checkbox"/> Concussion  | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____  |                                         |

**REMARKS:**

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**ATHLETICS AND EXTRA-CURRICULAR ACTIVITIES:**

**Students are expected to conduct themselves at all times in harmony with the rules and regulations that are set by the administration and faculty of Alexandra Middle School.**

It is a privilege to have been chosen to represent the School and others may judge Alexandra Middle School by the conduct of its representatives. Disciplinary action will be taken if students do not abide by the rules.

The rules of conduct on extra-curricular and field trips are as follows:

- the use of illegal drugs and/or alcoholic beverages is strictly prohibited;
- students are not to be involved with the theft or vandalism of property;
- the use of physical force or threats to resolve personal disagreements is prohibited;
- other instructions relating to specific activities.

The advisor/coach will provide a written copy of the rules to the student at the beginning of the term or, in the case of several trips, prior to the beginning of the trip. These rules must be approved by the Principal.

**Positive Consequences:**

Participation in extra-curricular activities carries considerable rewards for the participants.

In the case of field trips, staff members will be expected to give positive recognition to those students who have been co-operative and well behaved. Staff members are encouraged to include a set of positive consequences in their discipline plan.

**Negative Consequences:**

Violations of the first three (3) conduct rules listed above will result in the following:

- the coach or supervisor will immediately remove the offending student from further participation in the activity;
- the coach or supervisor will contact the parents by telephone and request that they come and take the offending student home;
- the Principal may suspend the student for a period not exceeding five (5) days and may also prohibit that student from participating in any extra-curricular activity (Policy 660 E 001);
- the police may be contacted to discuss the possibility of charges being laid if the student's actions are in violation of the law.

Violation of rules set by advisors/coaches will be dealt with under the terms of the discipline plan outlined by the advisor/coach.

I/WE hereby agree to allow our son/daughter \_\_\_\_\_

- to travel with the school teams/clubs indicated on the reverse side, under the supervision of the designated teacher/supervisor for each of the trips as scheduled for the teams/clubs,

Yes

No

- to drive my/our vehicle, having proper and adequate insurance, to and from off-campus activities within the city of Medicine Hat,

Yes

No

**\*\*IMPORTANT NOTE:**

- *Students are strongly discouraged from driving to and from activities in their own vehicle. Students are expected to ride with their team or parents when possible.*
- **STUDENTS ARE NOT TO TRANSPORT OTHER STUDENTS.**

**I/WE HEREBY WAIVE** any rights my child/children or we, as parents or guardians, may otherwise have against Alexandra Middle School, its employees or the Medicine Hat School Board #76 or any employee of the Board within the scope of their employment, for any damage or injury suffered by our child/children during the said excursions or trips.

**I/WE ACKNOWLEDGE** that there are inherent risks associated with this activity and that I/we or my child(ren) could sustain personal injury through participation in this event and I/we are hereby accepting to take that risk on behalf of myself or my child(ren).

**I/WE GIVE PERMISSION** for my daughter/son to participate in the indicated activities and I/we am/are aware of the regulations pertaining to athletics and extra-curricular activities.

**I/WE HEREBY ACKNOWLEDGE** that this consent and waiver is signed as a personal

representative of \_\_\_\_\_  
(name of student - printed)

1) \_\_\_\_\_  
(Name of Parent/Guardian - printed) (Signature of Parent/Guardian)

2) I, \_\_\_\_\_, have read the regulations  
(Name of Student - printed)  
pertaining to athletics and extra-curricular activities and am prepared to follow them.

\_\_\_\_\_  
(Signature of Student) Dated this \_\_\_ day of \_\_\_\_\_, 200\_\_