



## **Medicine Hat Hawks Bantam Football**

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Medicine Hat Tackle Football Association  
Southern Alberta Minor Football Association  
Coaches: Darren Klein, (AMS) 527-8571 ext. # 3221,

Dear Parents and Athletes:

I am looking at once again getting our school Workout Club up and running. In the past I have found that students, who commit to attending when they can, benefit a great deal from the experience! Students can attend according to their own schedules, as I do not want to interfere with any other commitments they may have.

Traditionally we meet three times a week, a tradition that I would like to continue. It appears that Tuesday, Thursdays and Fridays will be the days that I have available. I am looking for a moderate commitment on your part as you will be the one to give permission, and pick up your child at the end of each Workout Club. The fee is \$10.00 which I hope to use to purchase some equipment that we may need along the way!

We will access the weight training facilities at Medicine Hat High School. We meet in the gym at Alexandra after school and then the students will walk over as a group. It is my goal to build a muscle base that each student can use to further develop themselves as an athlete.

Once we have developed a muscle base, we will work into some cross training days. This usually occurs on Fridays and we will access other facilities such as Alexandra gymnasium to train and develop. I feel that every athlete can benefit from this activity and encourage all students to attend!

We will be starting Workout Club soon so if you wish for your child to be involved, please fill in the permission form and send in the fee. It is my goal to have all athletes' strength tested prior to the Christmas break so I can set up their program for the New Year!

Sincerely yours,

Darren Klein

**Alexandra Middle SCHOOL**  
**EXTRA-CURRICULAR 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:

- |                                    |  |                                     |  |
|------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Baseball      | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Curling   | <input type="checkbox"/> Football      | <input type="checkbox"/> Golf       | <input type="checkbox"/> Rugby         |
| <input type="checkbox"/> Soccer    | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Workout Club  |
| <input type="checkbox"/> Band      | <input type="checkbox"/> Choir         | <input type="checkbox"/> Drama      | <input type="checkbox"/> 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)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Blood Clotting Disorder | <input type="checkbox"/> Bruise Easily   |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Heart Disease   |
| <input type="checkbox"/> Hernia                | <input type="checkbox"/> High Blood Pressure     | <input type="checkbox"/> Kidney Disease  |
| <input type="checkbox"/> Pneumonia             | <input type="checkbox"/> Rheumatism              | <input type="checkbox"/> Tetanus Booster |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> 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 carry 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\_\_