



York Catholic District School Board  
INFORMED CONSENT/PERMISSION FORM  
FOR FITNESS, WEIGHT AND TRAINING ROOMS

ADMIN. #71A  
March 2020

School provides access to fitness, weight and training equipment, to students beyond classroom time. This signed form is required for all students interested in using the equipment in the fitness, weight and training room outside of school hours.

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE, AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT

**ELEMENTS OF RISK:** The equipment in the fitness, weight and training rooms involve careful use and may result in inherent risks. Falls, collisions and other incidents may occur, causing injury. The following list includes, but is not limited to, examples of the types of injury which may result from using the equipment in the fitness, weight and training rooms:

1. *Bumps & bruising; muscle sprain & strain*
2. *Fainting; shortness of breath; dehydration*
3. *Cuts & scrapes; broken bones; dental injuries*
4. *Head, neck and back injuries*
5. *Concussion*

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following

instructions at all times while engaged in the activity. If you choose to participate in this activity during the months of you must understand that you bear the responsibility for any injury that might occur.

The York Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

**POLICY 212: CONCUSSIONS:**

*Policy 212: Concussions* will be followed if a student has sustained a hit or blow to the head or body and shows signs or symptoms of concussion. Management of concussion is key to supporting the student during recovery. Please be advised that your son or daughter will be asked to seek medical attention if signs and symptoms of concussion arise. You are advised to view the Ministry of Education's approved and recommended resources link, <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources> and to view Dr. Evans YouTube video with your son or daughter <http://www.youtube.com/watch?v=55YmbIG9YM>.

**ACKNOWLEDGEMENT:**

WE HAVE READ THE ABOVE REGARDING: 1) ELEMENTS OF RISK AND 2) *POLICY 212: CONCUSSIONS*

WE HAVE ALSO DISCUSSED THE SIGNS AND SYMPTOMS OF CONCUSSION AND MANAGEMENT OF CONCUSSION WITH OUR CHILD BASED ON *CONCUSSION GUIDELINES FOR PARENTS & CAREGIVERS* AND/OR DR. EVANS YOUTUBE VIDEO.

WE UNDERSTAND THAT PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

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

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

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

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

**PERMISSION**

I give \_\_\_\_\_ permission to use the fitness, weight and training equipment in the fitness room at \_\_\_\_\_ School during the months of \_\_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_.

Signature of Parent/Guardian  
(Students Under 18 Years)

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