

WESTSYDE SECONDARY SCHOOL
WHUNDAS

Parent Waiver

Athlete Information

- ❖ Name _____
- ❖ Date of Birth _____ Grade _____ Phone _____
- ❖ Current Address _____
- ❖ City _____ Postal Code _____

❖ Parent/Guardian Information

- ❖ Name: _____
- ❖ Employer _____
- ❖ Employer Address _____
- ❖ Phone _____ E-mail _____ Cell: _____
- ❖ City _____ Prov. _____ Postal Code _____
- ❖ Position _____

- ❖ Name _____
- ❖ Employer _____
- ❖ Employer Address _____
- ❖ Phone _____ E-mail _____ Cell _____
- ❖ City _____ Prov. _____ Postal Code _____
- ❖ Position _____

❖ Emergency contacts

- ❖ Name: _____
- ❖ Address _____
- ❖ Phone: _____
- ❖ Relationship _____
- ❖ Name _____
- ❖ Address _____
- ❖ Phone _____
- ❖ Relationship _____

WESTSYDE SECONDARY SCHOOL

WHUNDAS

Parent Waiver

Family Doctor _____

Doctor's Phone Number _____

Care Card # _____

Medical Information (allergies, previous injuries, etc.): Please be specific

I have completed the medical screening check list for my son/daughter and I have
Considered the disqualifiers for participation in sports/contact sports.

I am aware of the risks and dangers inherent in participation in sports/contact sports. I
Affirm that my son/daughter is medically fit and grant permission for him/her to
Participate in sports/contact sports with the following restrictions indicated on the returned
athletic form.

Confirmation Section

Please return this sheet completed to the Athletic Director. The information on this sheet will be placed on file in a central athletic database. This information will be kept for your son/daughter's athletic participation in Westsyde Secondary School Athletic Program and deleted upon leaving or graduating from Westsyde.

By signing below, I as a student-athlete at Westsyde agree to abide by the policies and standards set forth by B.C. School Sports, Okanagan Valley School Sports Association, West Zone Athletic Association, School District #73, and Westsyde Secondary School.

I understand that the information contained within this document will be used only for the purposes of Westsyde Secondary School Athletic Department.

Signature of Athlete _____

Date _____

Signature of Parent /Guardian: _____

Date _____