

_____ ADMIRAL CES Intermediate Basketball _____ is arranging
 Name of School
 _____ 2019 Ball Tourney Counties @ Barrie Schools _____ on _____ TUES March 5 sched given out _____
 Description of Activity Date

THIS FORM MUST BE READ AND SIGNED BY THE PARENT/GUARDIAN OF A PARTICIPATING STUDENT UNDER 18 YEARS OF AGE OR A STUDENT 18 YEARS OF AGE OR OLDER WHO WISHES TO PARTICIPATE.

ELEMENTS OF RISK:

Educational activity programs, such as _____ Basketball _____ involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, the types of injury which may result from participating in:

Please check all injuries that could apply:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> BruisesX | <input type="checkbox"/> Cuts/ScrapesX | <input type="checkbox"/> Insect/Bug Bites |
| <input type="checkbox"/> Breaks/FracturesX | <input type="checkbox"/> DehydrationX | <input type="checkbox"/> Sprains/StrainsX |
| <input checked="" type="checkbox"/> ConcussionX | <input type="checkbox"/> Frostbite | <input type="checkbox"/> Sun Exposure |

Other: _____ Students must have jersey , water for bench and arrange rides to and from.

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 or the student choose to participate in (activity) _____ Basketball _____ on (date) _____ TUES MARCH 5 _____, you or the student must understand that you bear the responsibility for any injury that might occur.

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

PARENT/GUARDIAN ACKNOWLEDGEMENT FORM:

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

I/We give _____ Student Name _____ permission to participate in the _____
 _____ Description of Activity _____ to be held on _____ Date _____
 _____ Signature of Parent/Guardian _____ Date _____

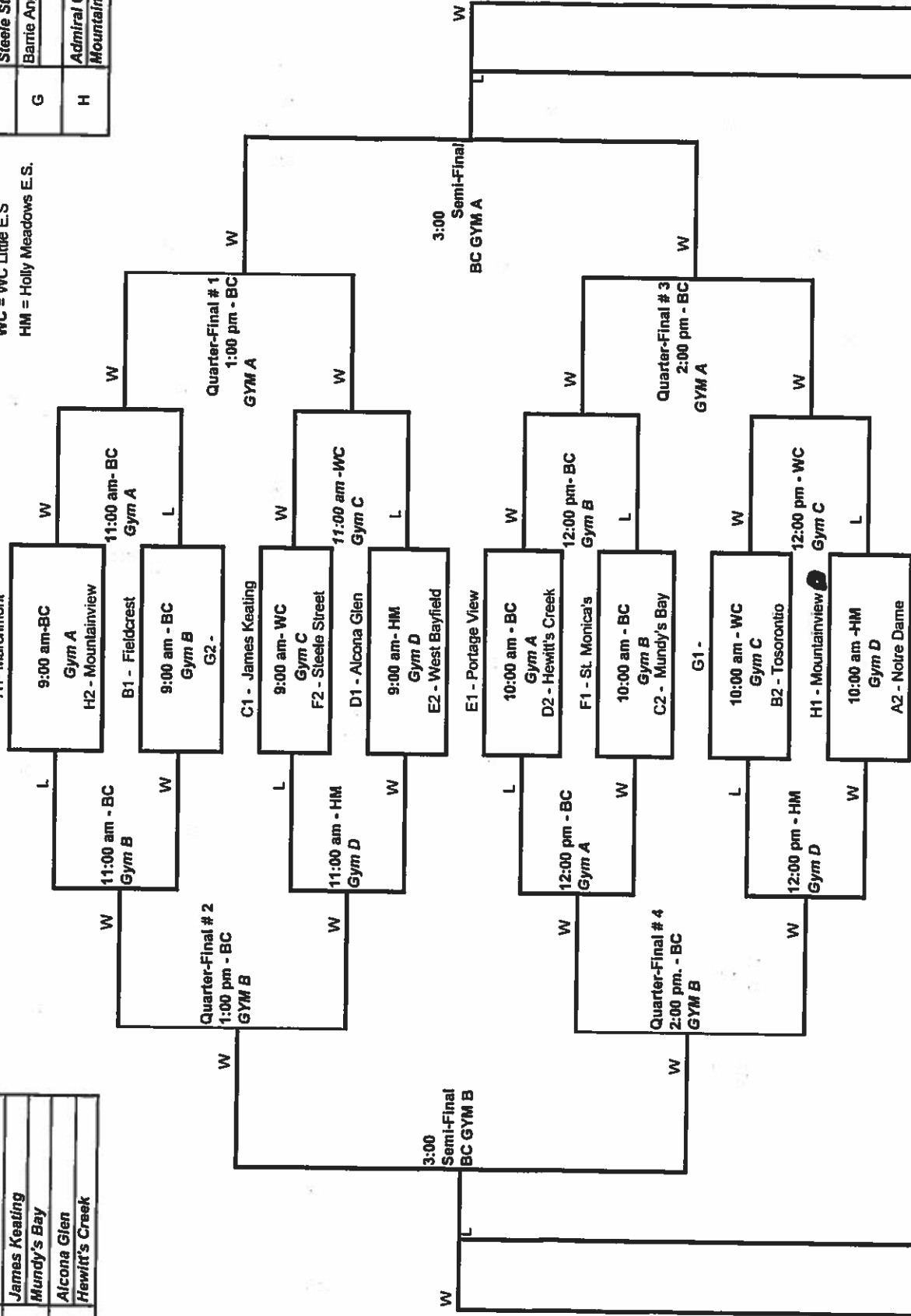
Simcoe County Elementary Boys Basketball Finals

Tuesday, March 5, 2019 @ Bear Creek S.S. / WC Little E.S. / Holly Meadows E.S.

A	Marchmont
B	Notre Dame
C	Fieldcrest
D	Tosoronto
	James Keating
	Mundy's Bay
	Alcona Glen
	Hewitt's Creek

E	Portage View
F	West Bayfield
G	St. Monica's
H	Steele Street
	Barrie Angus Region
	Admiral Collingwood
	Mountainview

BC= Bear Creek
 WC = WC Little E.S.
 HM = Holly Meadows E.S.



3:00 Semi-Final BC GYM A

3:00 Semi-Final BC GYM B

4:00 @ BC Gym B

4:00 @ BC Gym A

3rd and 4th Place banner Game

Championship Game