

## Horizon School Division Policy HICA Attachment C3

## Principal Approval: Extra-Curricular Sports (Horizon Jr. High Athletics/ASAA sports) Approval Form

- This form is being completed for on-site and off-site activities
  - o On-site is defined as activities that take place in the school or on school grounds
  - Off-site is defined as activities that take place off school property (e.g. other third party locations, or other schools)

Individual(s) requesting approval:		For school year:	
Grade level of physical education class (please choose from dropdown)			
Proposed AMBER activities (check all that apply)			
<ul> <li>Football</li> <li>Rugby</li> <li>Softball</li> <li>Track and Field (specify activities)</li> </ul>	<ul><li>□ Discus</li><li>□ High Jump</li><li>□ Hurdles</li><li>□ Javelin</li><li>□ Shot put</li></ul>	<ul><li>□ Triple Jump,</li><li>□ Long Jump</li><li>□ Weightlifting</li><li>□ Wrestling</li></ul>	
I have reviewed and considered Horizon policies. (check all that have been reviewed and considered)			
<ul> <li>EEACAA – Private vehicles volunteer</li> <li>EEACAB – Division owned co-curricular activity vehicles</li> <li>GBD – First aid training</li> </ul>		GFA – Volunteers HCA – Off-site activities HCD – Concussion HCE – Student illness/injury	
I have reviewed and considered all Need-to-know information relevant for all activities checked off (pg. 11-17 in "Safety Guidelines for Physical Activity in Alberta Schools 2013").			
<ul><li>☐ Yes</li><li>☐ No (If No, explain)</li></ul>			

I have reviewed and considered Need-to-Know information for all applicable activity categories. (check activities categories that have been reviewed and considered)			
□ Indoor Activities (pg. 19-20) □ Outdoor Activities (pg. 23-24) □ Off-site Activities (pg. 33-35) □			
I have reviewed and considered guidelines for all specific activities checked off. (pg. 37-143 in "Safety Guidelines for Physical Activity in Alberta Schools 2013")			
□ Yes □ No (If No, explain)			
I have reviewed, considered, and will be implementing all safe instructional practices and guidelines that I have been reviewed in the above policies and resource.			
☐ Yes ☐ No (If no, explain)			
All activities are implemented at an age-appropriate level.			
□ Yes □ No (If no, explain)			
List the activities you have not taught in the last two years.			

I am familiar with, have reviewed, and will be i (for gr. 10-12 extra-curricular activities only).	implementing all ASAA requirements
Yes No/NA (If no/NA, explain)	
I have a current certified First Aid/C.P.R. certifito be present when doing AMBER activities (the school when the activity is on-site / the sulfieguard) when off-site).	nis could be: another staff member in
Yes Expiration date:	
□ No, (explain who/how first aid will be a	ddressed):
Teacher/Adult Signature:	Date:
Principal Comments (e.g. additional safety prec	cautions or directions):
Principal Name:	
Principal Signature:(indicating approval)	_ Date:

Principals should keep a copy of this approval form at the school for:

- One (1) year beyond the end of the school year approved.
- Five (5) years if an accident report was filed during one of the activities.