



**KATE ANDREWS HIGH SCHOOL**

**Principal: Daniel Grimes**

**Vice-Principals: Kris VanWieren**

**Athletic Director: Austin Davenport**

2112 – 21 Street

Coaldale, AB T1M 1L9

PHONE: (403)345-3383

FAX: (403)345-5767

**Medical Waiver and Information Sheet**

Dear Parents,

The KAHS Administration urges all students involved in competitive extramural athletic programs to undergo an annual medical examination.

If you consent to the participation of your son / daughter in the KAHS Athletic Program but do not see the need for a medical examination at this time, please sign the permission form, fill in the appropriate information, and return to the appropriate coach.

Thanks,

Austin Davenport  
KA Athletic Director

I, \_\_\_\_\_ (Parent/Guardian) give full approval for my son/daughter \_\_\_\_\_ to participate in KAHS sponsored activities.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**CONTACT INFO**

Home Phone Number \_\_\_\_\_ Family Email \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

Please Note: THIS FORM WILL BE COPIED AND CARRIED BY EACH TEAM in a duotang.



In the space below, list any other medical information that you feel should be shared with the coaching staff. Examples of this would be allergies, past injuries, etc.

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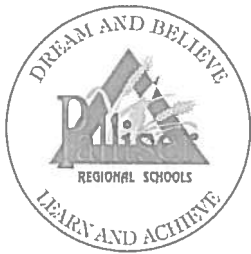
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## PALLISER REGIONAL SCHOOLS VOLUNTEER CONFIDENTIALITY FORM

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Name of Volunteer: \_\_\_\_\_

School: \_\_\_\_\_

### DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of Palliser Regional Schools. I understand that disclosure on my part of any such privileged information may be cause for the removal of my status as an approved volunteer in Palliser Regional Schools.

IN WITNESS WHEREOF this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby acknowledge that I have read, understand and accept the above responsibility as a Palliser Regional Schools volunteer.

Signature: \_\_\_\_\_

#### WITNESS:

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_



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To All Parents/ Guardians,

Palliser Regional Schools and Kate Andrews High School recognizes various types of transportation arrangements that can maximize the delivery of extra-curricular programs within limited resources available to schools and therefore, supports the concept of volunteer drivers and vehicles in providing extra-curricular transportation. However, arrangements must conform to the laws and regulations of the province and are in accordance with the specific guidelines and procedures established by the Board of Education for Palliser Regional Schools.

To this end, Palliser Regional Schools Administrative Procedure 554 declares that:

1. Volunteer Owned and Operated Vehicles (taken from Palliser Website on September 11, 2015)

1. The volunteer driver must be at least twenty-one (21) years of age and not over sixty-five (65) years of age.
2. The volunteer driver must be the owner and operator of the motor vehicle and be in possession of a valid Class 5 Alberta driver's license.
3. The volunteer driver must notify his/her insurance company of his/her intention to use their automobile and act as a volunteer driver for the Palliser Regional Schools activity. A minimum of two million dollars (\$2,000,000) public liability and property damage insurance coverage must be in force on the automobile before the vehicle can be used to transport students.
4. The volunteer driver shall complete the Volunteer Automobile Driver Authorization Form available from the school and provide a current driver's abstract and criminal record check, including a vulnerable sector check. No further renewals are required unless the volunteer is aware of a change, in which case the volunteer driver has the obligation to inform the school principal.
5. Teachers and staff driving their personal vehicles to transport students to school activities shall complete the Volunteer Automobile Driver Authorization Form.
6. The principal shall be the approving authority for this type of transportation arrangement.
7. Students are not permitted to transport other students or to act as "trip drivers."

In keeping with Palliser policy, Kate Andrews High School's extra- curricular Transportation Policy states that

1. Students cannot be volunteer drivers or drive a vehicle to extra- curricular events away from the school
2. The driver must be a parent, guardian, grandparent, or out of school sibling of a student enrolled in the school.

A violation of the above policy will result in communication or a meeting with the athletic director and/or administration. The violation must be reported to school administration. Possible sanctions include:

- a) The student athlete being placed on a program of monitored compliance
- b) Suspension from the team for a prescribed amount of time (e.g. a certain number of games, rest of season)
- c) Suspension from all school related activities

Please contact school administration if you have any concerns regarding this policy. To confirm your understanding and compliance with this policy, please sign below and return to the athletic director.

Student Name

Parent/Guardian Signature

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## PALLISER REGIONAL DIVISION NO. 26 VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION

Volunteer drivers must inform their insurance company of their intention to use their automobile and to act as a volunteer driver for Palliser Regional Division No. 26 school activities. **Most insurance companies do not require an additional premium charge (or more than a nominal charge), because this service is classified as occasional and is not done for compensation.**

- A minimum of \$2,000,000 public liability and property damage coverage must be in force on the automobile insurance before a volunteer driver may use his/her vehicle to transport students
- A current driver's abstract has been provided to the school.

**Note:** Palliser Regional Schools does not provide liability insurance protection for individual drivers, beyond that provided under the driver's own automobile insurance while the volunteer drivers are transporting students in their own automobiles on a school-sponsored activity or function.

SCHOOL: \_\_\_\_\_

VOLUNTEER DRIVER'S NAME: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

INSURANCE POLICY NO.: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_

VEHICLE(S) DESCRIPTION: MAKE(S): \_\_\_\_\_ MODEL(S): \_\_\_\_\_ LIC Plate# \_\_\_\_\_

The vehicle(s) listed is adequately insured and I am properly licensed to drive it.

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

**Expiration Date: End of Current Academic Year**

### APPROVAL BY SCHOOL PRINCIPAL:

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date



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

I acknowledge and give permission for \_\_\_\_\_ to travel  
*(Student's Name)*

with the driver(s) I have listed below to \_\_\_\_\_ on  
*(Event)*

\_\_\_\_\_  
*(Date)*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_  
*(parent/guardian signature)*

\_\_\_\_\_  
*(Date)*

**ALBERTA SCHOOLS' ATHLETIC ASSOCIATION**

Completion required by student and parent/guardian  
in order to access ASAA competition



**Retain Form at school for submission to SASAA and the ASAA if requested**

**ACKNOWLEDGMENT AND AGREEMENT (Student /Guardian) Term: 2016/2017 School Year**

WHEREAS the Alberta Schools' Athletic Association ("ASAA") is a voluntary, non-profit organization that has been established to coordinate a program of worthwhile athletic activities for the young people of Alberta in an educational setting;

AND WHEREAS \_\_\_\_\_ [NAME OF SCHOOL] is one of more than 370 member high schools which together ultimately determine the policy of the ASAA through representation on the Board of Governors of the ASAA;

AND WHEREAS \_\_\_\_\_ [NAME OF SCHOOL] is also a member of the South Alberta Schools' Athletic Association ("SASAA") which also has Bylaws, Rules and Policies which govern the participation of \_\_\_\_\_ [NAME OF SCHOOL] in athletic activities

AND WHEREAS it is not in the best interests of any of the student athletes who are served by the work of the ASAA and SASAA for them to spend resources responding to court applications brought by individual student athletes, their parents or guardians;

We, [Student and guardian], acknowledge and agree as follows:

1. We have had an opportunity to review the Bylaws and Policies of the ASAA and SASAA which are available for our review at:  
-- <http://www.asaa.ca>  
-- <http://www.southzone.org/index.html>
2. We will accept the outcome of any appeal process available through the ASAA or SASAA or any decision by, them regarding any matter concerning me or any other athlete registered as a student at \_\_\_\_\_ [NAME OF SCHOOL] or any coach of a \_\_\_\_\_ [NAME OF SCHOOL] team as final and binding on us.
3. We acknowledge that any application for a review of any decision of, or an outcome of an appeal process of, the ASAA or SASAA by a Judge in a court of law must be brought by the administration of \_\_\_\_\_ [NAME OF SCHOOL] and not by us.
4. \_\_\_\_\_ [NAME OF SCHOOL]'s Membership in the ASAA and SASAA is a privilege and not a right.
5. We, authorize \_\_\_\_\_ [NAME OF SCHOOL] to provide a copy of this document to the ASAA and SASAA to use or publish in any manner they see fit.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date







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Volunteer \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please assist us with providing a Criminal Records Check, with a Vulnerable Sector Search, for the above mentioned volunteer.

As this person is volunteering with our school, if there is any possibility of the regular fee being waived, we would appreciate it.

Thank you in advance,

Austin Davenport

Athletic Director

[austin.davenport@pallisersd.ab.ca](mailto:austin.davenport@pallisersd.ab.ca)

Daniel Grimes

Principal

[daniel.grimes@pallisersd.ab.ca](mailto:daniel.grimes@pallisersd.ab.ca)





# Request for Personal Driving and Motor Vehicle Information

*This form is for use by a person who is present in the office of a Registry Agent and is requesting the release of his/her personal driving and/or motor vehicle information pursuant to section 5(1)(a) or 2(1)(p) of the Access to Motor Vehicle Information (AMVIR).*

I, \_\_\_\_\_ of \_\_\_\_\_  
Name Address Street  
\_\_\_\_\_  
City/Town/Village Province Postal Code Telephone Number

declare that my operator's licence number is: \_\_\_\_\_, and my birth date is: \_\_\_\_\_  
yyyy / mm / dd

In accordance with the Access to Motor Vehicle Information Regulation (AMVIR), I request the release of my personal information by Alberta Registries for the following products:

*(check all products required)*

Driver Abstract for:  3 years  5 years  10 years

Court Certificate

Search Product \_\_\_\_\_

Additional Search Product \_\_\_\_\_

Confirmation Letter - specify: \_\_\_\_\_

I agree that, Alberta Registries or a Registry Agent, will not be liable in respect to any defect, error or omission in the information being provided or in respect to any privacy breach after the driver's abstract is released.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Declaration for Faxing - only complete if applicable.

I request that my personal driving and motor vehicle information released pursuant to section 5(1)(a) or 2(1)(p) of the Access to Motor Vehicle Information (AMVIR) be faxed to (403) 732-4757

I agree that, Alberta Registries or the Registry Agent will not be liable in respect to any privacy breach after the driver's abstract is faxed to the above number.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This information is being collected for the purposes of Motor Vehicle records in accordance with the Traffic Safety Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.

