



NELSON FOOTBALL

4181 New Street, Burlington, Ontario L7L 1T3 • 905 634 3268

May 13th, 2024

Welcome to Nelson Football!

For many years we have offered a brief Grade 8 Football Camp to welcome our incoming Grade 9 class and expose them to the football program at Nelson High School. We are hopeful your son/daughter will join our tackle football program in the fall. This year's Spring Mini-Camp dates are as follows:

JUNE 4th, 5th, 10th, 11th
(4:00-5:00pm each day) at Nelson Stadium.

These nights are for any interested Grade 8 Students who are attending Nelson in September 2024 and wish to play football. This is a great chance to meet the coaches and learn about the game.

These practices are non-contact and require no equipment, just shorts & t-shirt.

NO EXPERIENCE IS NECESSARY!

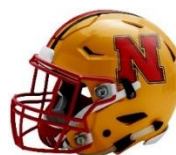
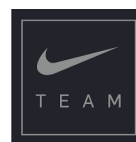
Please carefully read and complete the attached ELEMENTARY INTERSCHOOL ATHLETICS PACKAGE and Return to Junior Head Coach Nick Mlekuz on June 4th. You cannot step on the field without a completed Elementary Athletics package (attached)!

Please connect with us if you have any questions and we look forward to seeing/meeting everyone in Early June.

Go Lords!

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Get Social with Us!



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Visit our Website for all your Lords News & information!

WWW.NELSONLORDS.COM





Elementary Interschool Athletics Package 2023/2024

Part A: Parent/Guardian Information Letter

Dear Parent/Guardian: Your child/ward has indicated a desire to participate on the following Interschool Athletic Team: _____. Please retain this page as the content is designed to provide you with information on the Interschool Athletic Program.

Parents/guardians are requested to complete the attached **Part B: Emergency Contact/Medical Information, Acknowledgement of Elements of Risk, Request to Participate and Informed Consent Form** and return to the appropriate school personnel.

Note: A student is ineligible to participate in try-outs, practices or competitions without first providing the coach with the completed forms.

Elements of Risk Notice: The **risk of injury exists in every athletic activity**. Falls, collisions and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to a concussion or paralysis or prove to be life-threatening. Injuries as a result of participation in an activity can occur without fault on either the part of the student, or the school board and its employees or agents, or the facility where the activity is taking place. **A student choosing to participate in the activity assumes the risk of an injury occurring.** The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The HDSB attempts to manage, as effectively as possible, the risk involved for students while participating in school athletics.

Concussions: The HDSB Concussion Administrative Procedure will be followed if a student sustains a jarring impact to the head, face, neck or body and shows signs and/or symptoms of a concussion. Parents/guardians will be asked to seek medical attention for their child/ward from a Physician/Nurse Practitioner using an HDSB Suspected Concussion Form which must be completed and returned to the school. If a concussion is diagnosed, a Home and School Concussion Management Plan must be followed. Included in this plan is the Concussion Medical Clearance Form, to be completed by a Physician/Nurse Practitioner before the student returns to any physical education classes, intramural activities and inter school practices and/or competitions.

Note: Students who receive a suspected or diagnosed concussion outside of school hours or school events are still required to follow the HDSB Concussion Procedure.

All parents/guardians are required to review the HDSB Parent/Guardian Concussion Prevention, Awareness Resources and Code of Conduct video:

<https://www.youtube.com/watch?v=DbQPWd0nCDM>.

More information on concussions can be found by searching: [HDSB Student Health](#) > Concussions or at the Government of Ontario's website: www.ontario.ca/page/rowans-law-concussion-safety.

Student Accident Insurance: The HDSB does not provide any accidental death, disability, dismemberment/medical/dental expense insurance for student participation in school sponsored activities (e.g., curricular, intramural and interschool). For insurance coverage of injuries, parents/guardians are encouraged to consider a Student Accident Insurance Plan from an insurance company of their choice. Companies that offer student insurance are [Study Insured](#) or [Insure My Kids](#). In general, school age children would access medical/dental/health insurance through their parents/guardians insurance coverage offered through work. If the parents/guardians do not have benefits through work, then insurance can be purchased through one of the above companies or care can be accessed through [Halton Public Health](#).

Sudden Arrhythmia Death Syndrome (SADS): SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden cardiac death in young apparently healthy people. Fainting or seizure during/after physical activity or resulting from emotional excitement, emotional distress or being startled can be a warning sign of SADS. The school response is to call Emergency Medical Services (911) and inform parents/guardians. Parents/guardians are to be provided with a SADS Information page as well as a Fainting Episode Form. The student must not participate in physical activity until cleared by a medical assessment and the Fainting Episode Form is completed by the parent/guardian and returned to the school administrator/designate. For further information, visit www.sads.ca.

In the interest of student safety:

- Students must wear appropriate athletic footwear and clothing (and where required, protective equipment for the activity) for interschool athletics. Prescribed team uniforms for competition will be designated by the local sport-governing association.
- Certain types of jewelry can pose a hazard and cause injury to the wearer and/or other participants during practices and competitions. Students must comply with the instructions of the teacher/coach, following the governing body/association policy and/or the HDSB procedures when requested to remove jewelry.
- Medic Alert identification and religious articles of faith that cannot be removed must be taped or securely covered (i.e., athletic tape, sweatbands or compression clothing).
- It is strongly recommended that students have an annual medical examination.
- Students must follow their individual Plan of Care and have immediate access to their emergency medications (e.g., asthma inhalers, epinephrine auto injectors) for all practices and competitions.
- Students must remove eyeglasses during practices and games. If eyeglasses cannot be removed, the student must wear an eyeglass strap and shatterproof lenses.
- Students are to come to school prepared to participate safely outdoors, protecting themselves from environmental conditions where appropriate (for example, use of hats, sunscreen, sunglasses, insect repellent and appropriate clothing).
- A safety inspection must be carried out at home of any equipment brought to school for personal use in interschool practices and competitions (e.g., skis, skates, helmets) to ensure it is in good working order and is suitable for personal use.
- Spectator Code of Conduct

Note: Students returning to any physical activity from non-concussion related illness or injuries are required to complete a **Return to Physical Activity Form - Non-Concussion Medical Illness/Injuries**. Should you have any further questions or concerns, please discuss this with the activity's coach/staff sponsor.



Elementary Interschool Athletics Package 2023/2024

Part B: Emergency Contact/Medical Information, Acknowledgement of Elements of Risk, Request to Participate and Informed Consent Form

Parents/guardians or Students of the Age of Majority are requested to complete the following form and return to the appropriate school personnel. **Note:** The student is ineligible to participate in practices or competition without first providing the teacher/coach with the completed form.

Student Name: _____ **Coach:** _____

Activity: _____ **Student Date of Birth:** ____ (YY) ____ (MM) ____ (DD)

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and will be used only for purposes related to the HDSB policy on Risk Management. Questions with respect to this collection should be directed to your school principal or to privacy@hdsb.ca.

Medical Services Authorization (optional):

In a situation where emergency medical or hospital services are required by the above listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services, including anaesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

Acknowledgement of Elements of Risk/Request to Participate/Informed Consent Agreement:

I have reviewed the HDSB Parent/Guardian Concussion Prevention, Awareness Resources and Code of Conduct video and have discussed the signs, symptoms and management of a concussion with my child/ward.

_____ Initials of Parent/Guardian

I have read and understand the Student Accident Insurance Notice.

_____ Initials of Parent/Guardian

I request that my child/ward try-out/participate on the _____ team during the 2023-2024 school year.

_____ Initials of Parent/Guardian

I hereby acknowledge that I have read and understood the notice of Elements of Risk in the attached letter and accept the risk inherent in the requested activity and assume responsibility for my child/ward for personal health, medical, dental and accident insurance coverage.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Information

Parent/Guardian Name: _____

Cell Phone #: _____ Work Phone #: _____ Alternate Phone #: _____

Physician Name: _____ Physician Phone #: _____

Emergency Contacts: (in order of contact)

1. Name: _____ Relationship to Athlete: _____

Phone number #1: _____ Phone Number #2: _____

2. Name: _____ Relationship to Athlete: _____

Phone number #1: _____ Phone Number #2: _____

3. Name: _____ Relationship to Athlete: _____

Phone number #1: _____ Phone Number #2: _____

Note: An annual medical examination is recommended. If a medical condition requires further explanation please contact the teacher/supervisor.

Medical Information

Date of last complete medical examination: _____

Is your child/ward allergic to any drugs, food or medication/other? **Yes No**
If yes, please provide details _____

Medical Alert Information

Does your child/ward wear a medical alert bracelet? **Yes No**
Does your child/ward wear a neck chain? **Yes No**
Does your child/ward carry a medical alert card? **Yes No**
If yes, please specify what is written on it: _____

Medications

Does your child/ward take any prescription drugs? **Yes No**
If yes, please provide details: _____
What medication(s) should be accessible during the physical activity? Who should administer the medication? Please provide details: _____

Oral and Visual Appliance

Does your child/ward wear eyeglasses? **Yes No**
Does your child/ward wear contact lenses? **Yes No**
Does your child/ward wear an orthodontic appliance? **Yes No**
Does your child/ward have dental restorations (i.e., crowns, bridges) **Yes No**

Medical Conditions

Please indicate (circle) if your child/ward has been diagnosed as having any of the following medical conditions and provide relevant details.

Allergies (include allergen trigger): _____ Anaphylaxis Asthma

Deafness Epilepsy Heart Disorders Type I Diabetes Type II Diabetes

Other: _____

Please provide relevant details and accommodations (e.g., Plan of Care) to be made if your child/ward cannot fully participate in physical activities: _____

Physical Ailments

Please circle any that apply and provide relevant details:

Arthritis or Rheumatism Chronic Nosebleeds Dizziness Fainting Headaches

Head or back conditions or injuries (in the past 2 years) Hernia

Orthopaedic Conditions Spinal Conditions Swollen/Hypermobility/Painful Joints

Trick/Lock Knee Other: _____

Please provide relevant details: _____

Concussions

Has your child/ward previously been diagnosed with a concussion? **Yes** **No**

How many times? _____ When was the last diagnosis? _____ (mm/dd/yy)

What medical advice was given by a medical doctor/nurse practitioner about participating in future physical activity? _____

Note: If your child/ward is presently diagnosed with a concussion by a physician/nurse practitioner that was sustained outside of school activity, the **Appendix C: Concussion Medical Clearance Form** must be completed before the student returns to interschool practices and competitions.

Other Conditions:

Please indicate any other conditions that will limit participation or that the teacher/supervisor should be aware of: _____

Note: Where the athlete's condition is confidential or requires further explanation, please contact the coach of the team directly.