



Stamford Collegiate's Grade 7/8 March Break

Co-Ed Wrestling Camp

Interested in Wrestling?

Want a chance to learn some skills from our OFSAA wrestlers
& coach, Mr. Shiloh Ostadhassan?

Want to get ahead in preparing to join wrestling when you
attend Stamford?

We have a camp for you—open to both girls and boys! Whether
you have experience or not—we want you to be part of our
three-day Wrestling Camp during March Break.



When? Monday-Tuesday-Wednesday, March 16-18

10:00am—1:00 (lunch is provided)

Where? Main Gym at Stamford Collegiate

How much? \$50

**Register by filling in the attached forms and submitting
them to your Elementary Principal—or directly to the Main
Office at Stamford Collegiate.**



Stamford Collegiate's Grade 7/8 March Break

Co-Ed Wrestling Camp Application Form

Student Name: _____

Elementary School: _____

Grade: _____ Birth Date: _____

Parent Name: _____

Home Phone Number: _____ Cell: _____

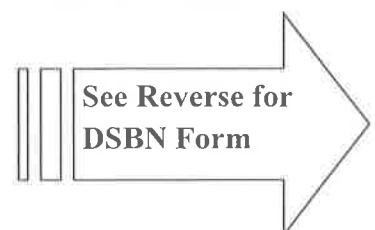
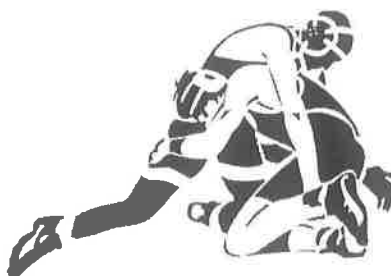
Email: _____

Parent Signature to indicate permission to participate: _____

Please check one of the following:

- ☐ The \$50 fee is submitted with this form (cash or cheque made out to Stamford Collegiate Secondary School)
- ☐ The \$50 fee will be paid upon arrival at camp on March 16
- ☐ Financial assistance is required

Please also fill out the DSBN form titled, "DSBN Curricular (Physical Education) Athletic Program—Permission to Participate Form"



DSBN CURRICULAR (PHYSICAL EDUCATION) ATHLETIC PROGRAM

PERMISSION TO PARTICIPATE FORM

Name of School _____

Name of Student _____ Grade _____

1. Please indicate if your child/ward has been subject to any of the following and provide pertinent details:

- epilepsy, diabetes, orthopaedic problems, heart disorders, asthma, allergies:

Yes ☐ No ☐ If yes, please describe _____

- head or back conditions or injuries (in the past two years):

Yes ☐ No ☐ If yes, please describe _____

- arthritis or rheumatism; chronic nosebleeds; dizziness; fainting; headaches; dislocated shoulder, hernia; swollen, hyper-mobile or painful joints; trick or lock knee:

Yes ☐ No ☐ If yes, please describe _____

2. What medication(s) should your child/ward have on hand during the physical activity?

Who should administer the medication? _____

3. Has your child/ward been identified as anaphylactic? Yes ☐ No ☐

- If yes, does he/she carry an epinephrine auto injector (e.g., EpiPen)? Yes ☐ No ☐

4. Does your child/ward wear a medical alert bracelet, medical chain or medical alert card? Yes ☐ No ☐

- If yes, please specify what is written on it: _____

5. Does your child/ward have any other diagnosed medical condition that will require modification to the program?

6. If a concussion has been diagnosed over the summer break, the Request to Resume Athletic Participation - Concussion Related Injuries form must be completed by a physician before the student returns to class/intramural and interschool activities. See Appendix D.

ELEMENTS OF RISK NOTICE The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. Some activities that are identified as having the potential for more serious consequences are: alpine skiing, snowboarding, snowsports, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, and/or field events: high jump, shot put. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

I acknowledge and have read the Elements of Risk Notice. Yes ☐

I give permission for my child/ward _____ to participate in the curricular athletic program.

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE: FREEDOM OF INFORMATION - The information provided on this form is collected pursuant to the District School Board of Niagara responsibilities as set out in the Education Act and its regulations. This information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to Risk Management. Any questions with respect to this information should be directed to your school principal.