



École Intermédiaire
Shuswap Middle School
171 30th Street SE
Salmon Arm, BC, V1E1J5

Principal: Mr. Scott Anderson

Vice Principal: Mrs. Lara Matthews

Vice Principal: Mr. Raegan Petch

(P) 250-832-6031

(F) 250-832-7114

e-mail: sms@sd83.bc.ca

SMS
HOCKEY

SMS HOCKEY PROGRAM PERMISSION FORM / INSURANCE CONSIDERATIONS

All sports that players participate in have risks. The nature of this hockey program has some accidental health and safety risks that may include less serious cuts and scrapes to the potential for more serious such as paralysis, fractured bones, dental issues, and concussions.

Safety considerations are accounted for in this hockey program, including no contact hockey on ice, and the instructor(s) are Hockey Canada certified to coach on ice and has safety training in this sport and others. North Okanagan-Shuswap School District No. 83 does not provide accident insurance coverage for student injuries that occur on school premises or during off-site school activities.

Parents must complete the following:

- Hockey Program Risk Awareness Permission form. Will be handed out to your child the first week of school.

Optional Insurance

- Please look at the following link to a third party school accidental insurance coverage from *Insure My Kids*. It is recommended you look into the accidental coverage plans but again it is optional for families.
- Insure My Kids: <https://insuremykids.com/our-plans/compare-plans/>

EQUIPMENT RISK /INSURANCE

Theft of SPORTS equipment from storage of equipment in a trailer or dressing room at the arena is covered automatically under the contents of your HOUSE/HOME INSURANCE. However please understand that making a claim under your house/home insurance does take time to process and usually has a deductible to be paid. All measures necessary will be taken to keep the trailer secured from theft while at the arena including access code and a key entry. The trailer will also have a hitch and wheel security when parked to prevent and guard against theft of trailer. Please contact me should you have any questions or concerns.

Mr. Derek. Gecse

B.Ed | M.Ed

SMS Middle Teacher/ SMS Hockey Program Co-ordinator/ Instructor

(250) 832 – 6031 Ext 223 e-mail: dgecse@sd83.bc.ca

SMS HOCKEY PROGRAM RISK CONSENT FORM

School: SHUSWAP MIDDLE SCHOOL Telephone No: 832 - 6031
Purpose of Trip: SMS HOCKEY PROGRAM – On Ice RISK AWARENESS
Destination: Shaw Center Arena
Destination Address: 2600, 10th Ave NE, Salmon Arm
Destination Phone #: 250 832 -4044
Departure Dates: Tuesdays/ Thursdays
Departure Time: 7:45 – 8:45 am
Expected Time of Return: 9:15am @ Shuswap Middle School =

On this field trip, we will be: (describe the activity and physical environment)

Students will be engaged in controlled on ice skills and activities that encourage skill development in skating, puck handling, passing, shooting, hockey sense, and checking. Students will also learn offensive and defensive tactical play on ice as well. Safety precautions are addressed before each session and each activity where applicable. Please be aware the potential for injury is always greater in an on ice sport that involves speed, quickness, and checking such as hockey. This is a non-contact hockey exploration, so hitting and body contact is not permitted. Students are taught how to angle and check in this exploration and accidental contact arises in these situations. Coaches and coaching staffs have knowledge and experience in concussion protocol and injury recognition to assist players if an injury shall occur. By signing this form you are giving your child consent to participate in the on ice portion of the SMS Hockey Program and acknowledging the potential risk involved in an ice hockey sport. North Okanagan-Shuswap School District No. 83 does not provide accident insurance coverage for student injuries that occur on school premises or during off-site school activities. Please look at the following link to a third party school accidental insurance coverage from *Insure My Kids*. It is recommended you look into the accidental coverage plans but again it is optional for families. Insure My Kids: <https://insuremykids.com/our-plans/compare-plans/>

This trip will be supervised by: Mr. D. Gecse

Please be aware that accidents can be the result of the nature of the activity and can occur with or without any fault on either part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity you are accepting the risk of an accident occurring, and agree that this activity, as described on the "Field Trip Consent Form" and any other information provided, is suitable for your child. Please call if you have any questions.

per Scott Anderson
(Principal Signature)

DEREK GECSE
(Sponsor teacher – please print)

NAME OF STUDENT _____

Yes I have read the above information about the planned exploration and give my consent for my child to participate. I understand that my child may be exposed to certain risks while participating in these activities. Accidents and injuries may occur.

Signature of Parent/Guardian: _____

Print Parent/Guardian Name: _____

Home/Cell Phone No. _____ Work/Cell Phone No. _____

PLEASE RETURN THIS FORM BY: Monday September 11th, 2023