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OKANAGAN MISSION SECONDARY SCHOOL

ATHLETICS: COACHES CHECKLIST

CHECKLIST

Refer to: 'OKM Athletics: Accounting Information' (separate pdf.).

- Out of School Coaches Information form to be completed and returned to Office (Plus: see on Athletics website under Coaches Information).
- Criminal Record Check for outside coaches to be completed and returned to Office-See Judy
 Varey in the office/bring 2 pieces of government issued I.D.
- Driver's Declaration forms to be completed and returned to Office, (expires with insurance expiry).
- Field Trip Parent Permission forms to be completed and kept by Coach (one copy for Office).
- Field Trip Application form completed for the team season outlining all tournaments, date, time, location (2 page document. One <u>copy</u> for office and one <u>copy</u> for Paul Thiessen).
- Letter of Commitment form to be signed by athlete and parent.
- League stats, updates, results, pictures emailed to <u>paul.thiessen@sd23.bc.ca</u> or <u>leah.sigler@sd23.bc.ca</u>
- Tournament schedules must be submitted to Athletic Director, Paul Thiessen.
- Email your roster and date/time of <u>each</u> game if leaving during school hours to: leah.sigler@sd23.bc.ca
- Bussing is provided by our league schedule (grades 7-10). There is no bussing for weekend tournaments.
- Team is responsible to provide its own transportation for exhibition play or tournaments.
- TOC's to be booked, if applicable, complete Application for Leave Form.
- End of season, coaches need to complete a year end summary for All Star awards and Athlete of the Year nomination.

At the end of the season, at the last game played, you <u>must</u> collect all uniforms and equipment to be turned into the Athletic Director.



OKANAGAN MISSION SECONDARY SCHOOL

OUT OF SCHOOL COACHES INFORMATION

Name	.			
Phone Numbers	Work	Home		
	Cell	E-Mait		
Sport Coached				
Please ensure you h	ave the following documents (completed:		
• Griminal Re	cord Check	submit to Office		
 Volunteer Driver's Declaration Form 		submit to Office		
Field Trip Parent Permission		one copy submit to Office/for your file		
Field Trip A	Application Form	submit to Office		
a list of Players Roster Sheet		submit to Office/for your file		

submit to Office/for your file

COMPLETED INFORMATION TO BE RETURNED TO THE OKM OFFICE

• Schedule of Games



TRANSPORTATION OF SCHOOL DISTRICT NO. 23 STUDENTS VEHICLE USE AND AUTHORIZED DRIVER'S STATEMENTS

(This form is to be used whenever volunteer drivers are used to transport students for school activities.)

NOTE

- In School District No. 23, students are NOT permitted to drive other students to or from activities during school hours.
- Field trips for primary students should be planned using only School District transportation services, or where applicable, private coach lines.
- In cases of emergency or illness, staff are permitted to transport any student provided the vehicle has the appropriate restraining device for the student.
- Only those persons with a valid British Columbia Driver's License and current British Columbia Insurance are permitted to transport School District No. 23 students.

l.	I am the registered owner or lessee or renter	(circle one) of the following	vehicle which will be used to transport	rt students as part of an authorized field trip:
	Make	Year	Model Lie	ense No
2.	The vehicle is insured to at least \$1,000,000 A copy of the entire vehicle British Columb	liability for all persons who is Certificate of Insurance (ar	will be driving the vehicle. ad rental agreement if applicable) is at	tached hereto.
	Insurance expiry date	(D/M/	r)	
3.	The vehicle is in safe operating condition.			
4.	The number of passengers (excluding the dr	iver) who can be safely carrie	ed using seat belts is	
5 .	As owner or lessee or renter of the above transporting students on an approved field to		or the following person other than m	syself to drive the vehicle for the purpose of
	Name	Agc	('N/A' if these do not apply)	
	Your name (please print)		Your Signature	Date
DRI	VER'S STATEMENT			
1.	I have a valid British Columbia driver's li	icense, a photocopy of which	is attached hereto.	
2,	I certify that I have no moving violations,	no impaired driving charges	and no criminal charges related to a m	ector vehicle, in the past 24 months.
3.	As a volunteer driver of students to a scho	ool activity, I will refrain from	a consuming alcohol or any other into	kicating substance before or during the activity.
4.	I will wear a seat belt and will require all	passengers to wear a seat bel	at all times.	•
5.	I will not permit a child under the age	of 9 as a passenger.		
6.	I will not permit a child under 13 years of	age to occupy the front pass	enger seat of a vehicle equipped with a	n passenger seat air bag.
7.	I will use this vehicle only as indicated condition, equipped with tires appropriate	within the manufacturer's gu for the driving conditions.	idelines (e.g. air bags, 4-wheel drive,	etc.) and maintain the vehicle in a safe operating
8.	I will travel by the most direct route to an	d from the destination as spec	ified by the teacher or principal in cha	arge of the activity.
9.	I understand that from the time of depar transport students only as specified.	ture to the time of return to	the school, I am subject to the princip	pal's and supervising teacher's authority, and will
10.	I authorize a Criminal Record Check, if re	equired.		
I hav	ve the following driving convictions and	violations (include all): _		
_	Driver's name (please print)	Driver's Signs		Date

Principal's Signature



FIELD TRIP PARENT PERMISSION

DETAILS OF THE TRIP:

School	School Phone No
Teacher Contact	Destination
Purpose of Trip	
Inherent Risks of Participating:	
Group of Students	No. of Teachers/Supervisors
Departure Date (M/D/Y)	No. of Teachers/Supervisors
Return Date (M/D/Y)	Return Pickup Time
Arrival Time Back at School	
TRANSPORTATION: School District Bus [] Wheelchair Ac Rented Vehicle [] Commercial Ca	
Driven by: District Driver [] Authorized Add Authorized Student Driver (no passengers a	
accept these risks. I also understand that all	lerstand that there are inherent risks attached to this activity and I of the requirements of the school Code of Conduct apply while the school for costs if it is necessary to send this student home by
Consent is given for (name of student) to pa	urticipate and travel as described.
Name	
Student's BC.Medical #	·
Medical concerns, altergies, medication req	uirements
Signature	Date
Attachments:	r to participate)

Date Agreed: September 2004 Date Amended: March 28, 2007 Date Reviewed: February 24, 2016



FIELD TRIP APPLICATION

CATEGORY: Please mark with an "X" beside the field trip level

No. of Teacher(s)/Supervisor(s): Departure Time: Return Pickup Time:						
Group of Students: Teacher Contact: Destination: Purpose of Trip: Description of Activities: Inherent Risks of Participating: Note: for all restricted activities, a detailed outline of the activity, including all inherent risks, must be signed by the parent. No. of Students:						
Group of Students: Teacher Contact: Destination: Purpose of Trip: Description of Activities: Inherent Risks of Participating: Note: for all restricted activities, a detailed outline of the activity, including all inherent risks, must be signed by the parent. No. of Students:	· · · · · · · · · · · · · · · · · · ·					
Purpose of Trip:						
Description of Activities:						
Inherent Risks of Participating: Note: for all restricted activities, a detailed outline of the activity, including all inherent risks, must be signed by the parent. No. of Students: Departure Date: Return Date: Return Pickup Time:						
Note: for all restricted activities, a detailed outline of the activity, including all inherent risks, must be signed by the parent. No. of Students: Departure Date: Return Date: No. of Teacher(s)/Supervisor(s): Departure Time: Return Pickup Time:						
No. of Students: Departure Date: Return Date: No. of Teacher(s)/Supervisor(s): Departure Time: Return Pickup Time:						
No. of Teacher(s)/Supervisor(s): Departure Time: Return Pickup Time:						
	No. of Students: Departure Date: Return Date:					
Arrival Time Back at School:						
Arrival Time Back at School:						
TRANSPORTATION:						
☐ School District Bus ☐ Wheelchair Access ☐ City Transit ☐ Private Vehicle ☐ Rented Vehicle ☐ Commercial Carrier ☐ Foot/Bicycle ☐ Bus to stay with the Group ☐ Transport Equipment						
Driven by: □ District Driver □ Authorized Adult □ Teacher □ Commercial Driver □ Authorized Student Driver (no passengers allowed)						
Career Life Programs Field Trips provides funding only for local day trips, and only utilizing School District No. 23 buses. Please have the school secretary enter the busing information into CIMS.						
Charge to Account #: If you require School District No. 23 buses, please contact the Transportation Department to make the appropriate arrangements.						
TO BE COMPLETED BY TRANSPORTATION Driver. Cost S. Cost S. Meal Total Cost S. Total C						
TEACHERS ON CALL: Note: Principal to confirm booking of TTOC's through COARS prior to sign-off. (Not covered for CLP Field Trips.) Dates required: Total No. of days: TTOC's booked through COARS: COARS information entered for all participants and job numbers confirmed: Job No: Charge to Account No:						
PRECAUTION CHECKLIST: Please indicate whether the following requirements have been met: Teacher/Chaperones with first-aid training (Level 4 - 5 only) Parent Permission forms List of Student Names List of Students with Medical Alert Emergency Contact Information Understand Understa						

Date Agreed: September 2004 Date Amended: April 24, 2009 June 26, 2013, November 28, 2014 June 24, 2015

APPROVE	D:	PC	STED:	3 从[3]	
TRIP#	•	FA	XED:	ر در استان در استان استان مرد در استان ا	
_				0.1.72	

Form 525.1 Page 1 of 2

SCHOOL LEVEL SIGN-OFF: This field trip is endorsed and filed with the understanding that details will be addressed as provided in the regulations. The booking of TTOC's, compliance with Board Policy 525 - Field Trips — Curricular and Extra-Curricular, and School District busing are the Principal's responsibility.		
Teacher:	Date:	
Principal:	Date:	
Career Programs Contact (if required):	Date:	
DISTRICT SIGN-OFF: LEVELS 4 and 5 FIELD TRIPS only The following signature indicates an approved application: Superintendent's or Designator's Signature:	y - please refer to the guidelines for District Field Trips Date:	
PLEASE COMPLETE FOR CAREER LIFE PROGRAMS FIELD TRIPS: Career Life Programs funded field trips must comply with Board Policy 525 - Field Trips — Curricular and Extra-Curricular and in addition meet criteria as outlined below.		
innovative field trips for all students; wherever possible. In o	foration activities. We would like to encourage applicants to develop new it is not to satisfy funding requirements, specific criteria must be complied with	
TEACHER:	SCHOOL:	
	SUBJECT:	
Briefly describe the educational preparation that has take	en place in relation to this field trip.	
·		
What career awareness and/or exploration activities will your students be participating in?		
	·	
Briefly describe the planned follow-up activity that relates to the field trip experience.		
4. Have you given two weeks' notice? Te	acher Signature:	



OKANAGAN MISSION SECONDARY ATHLETICS

Letter of Commitment

Dear Players and Parents:

The Okanagan Mission Secondary Athletics has developed a policy for commitment that will apply to all of its players and their parents.

Players who do not regularly attend practices and games, or engage in disruptive behavior, have a significant negative impact on the development and enjoyment of athletics for the remaining players. We feel that this is not a problem for the majority of our players however one or more disruptive players on a team can negatively impact both the practices and games.

Player Responsibilities:

- 1. Players are expected to attend weekly practices and games during the season. A reasonable excuse for missing a practice or game includes illness, family emergencies and occasional special events such as a school year-end band concert. Any player who cannot make it to a practice or game must inform their coach or sponsor teacher within a reasonable time frame.
- 2. If players are injured and are unable to play they are still expected to attend practices and games to show their commitment to their team.
- 3. Players are expected to show up on time for practices and games. Your coach may request that players show up for a game early to allow for a warm-up and a pre-game discussion.
- 4. Players are expected to come to a practice or game and try their best. They must not engage in disruptive behavior such as talking when the coach is talking or engage in excessive horseplay. Socializing and having fun is encouraged as long as it does not significantly interfere with the practice or game.
- 5. Fair play and a positive attitude are expected at all times. Criticizing any player, coach or game official during a game or practice is not appropriate. Any player or parent should arrange a mutually agreeable time with the coach to discuss their concerns. The meeting should take place a minimum of 24 hours after the situation of concern. Emailing the coach to set up a meeting is welcomed. Open and honest communication is important but must be done so in a fair and reasonable manner.
- 6. Players failing to meet these commitment standards may have their playing time reduced. Your coach will be allowed some discretion in applying these policies to accommodate unusual or special circumstances. Please talk to your coach before the first game if you have any concerns.
- 7. The athletic fees and team fees should be paid at the start of the season in order to ensure that teams are provided with adequate equipment, uniforms, trained referees and transportation as well as covering the costs of tournaments, additional team clothing, etc. It is the expectation that once a student signs up for a team and attends a practice or a game that they are committed to that team. Any fees paid for that athletic program will be forfeited if a student decides not to continue with that team.

with all of the re	above Letter of Commitment and understand that I am sesponsibilities that come along with that commitment. I team I will be forfeiting my fees.	
	Student Name	Student Signature
•	Parent Name	Parent Signature

OKM HUSKIES - ROSTER SHEET

Team			Year			
Insert names alphabetically by last name	habetically	y by last name***				
Name of Piayer	Player #	Email/Player	Emall/Parent	Cell#/Player	Cell#/Parent	BC Medical#/Player
					•	
•						
Head Coach			Manager			
			ı			
Assistant Coach					N:Data/Office/AdminSec/Athletics/Roster Sheet	Athletics/Roster Sheet



Okanagan Mission Secondary School Student Athlete Parent Code of Conduct

Character building and ethics in sports are embodied in the concept of sportsmanship. The highest potential of sports is reflected in six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship.

I hereby pledge to live up to my responsibilities as a parent/guardian of a student athlete at Okanagan Mission Secondary. I will follow all of the conditions of the **Parent Code of Conduct** listed below.

- * I will place the emotional and physical well-being of the children above any desire to win.
- * I will help my child understand the valuable lessons sports can teach them and in doing so understand that my child should not withdraw from a team once committed to playing, except under serious circumstances.
- * I will remember that school sports focus on personal development, relationships, hard work and team work.
- * I will ensure my child is ready to participate in games and practices at the specified time.
- * I will inform the coach of any ailment or disability that will affect my child's safety.
- * I will be a positive role model for my child by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators on or off the area of play, in every game, practice or other team-related event.
- * I will remain outside the area of play. I will not approach the bench during a game, or practice, unless requested.
- * I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team
- * I will not participate in sideline gossip with fellow spectators.
- * I will never criticize a player for making a mistake -- mistakes are part of learning.
- * I will respect the officials and their authority during a game and will never question, discuss, or confront coaches at the area of play. If necessary I will respect the 24 hour rule (wait until the following day) to speak with the coaches at an agreed upon time and place.
- * I will demand that my child treat all other players, coaches, officials and spectators with respect.

I agree that by signing the Code of Conduct, I accept its rules as guidelines for my behavior as well as that of my student athlete. I agree that if I fail to abide by the Code of Conduct, I will be subject to disciplinary action that could include, but is not limited to, the following:

- Verbal warning by official, head coach, or school administration
- Written warning

Sincerely

- Parental game suspension with written documentation of incident kept on file
- Parental season suspension

OKM Athletic Department	OKM Administration
Student Athlete Name	Sport
Parent Signature	Date