



## 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 copy for office and one copy for Paul Thiessen).
  - Letter of Commitment form to be signed by athlete and parent.
  - League stats, updates, results, pictures emailed to [paul.thiessen@sd23.bc.ca](mailto:paul.thiessen@sd23.bc.ca) or [leah.sigler@sd23.bc.ca](mailto:leah.sigler@sd23.bc.ca)
  - Tournament schedules must be submitted to Athletic Director, Paul Thiessen.
  - Email your roster and date/time of each game if leaving during school hours to: [leah.sigler@sd23.bc.ca](mailto: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 must collect all uniforms and equipment to be turned into the Athletic Director.**



## OKANAGAN MISSION SECONDARY SCHOOL

### \*OUT OF SCHOOL COACHES INFORMATION\*

---

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers      Work \_\_\_\_\_      Home \_\_\_\_\_  
                                 Cell \_\_\_\_\_      E-Mail \_\_\_\_\_

Sport Coached \_\_\_\_\_

Please ensure you have the following documents completed:

- Criminal Record 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 Application Form      submit to Office
- List of Players Roster Sheet      submit to Office/for your file
- Schedule of Games      submit to Office/for your file

**COMPLETED INFORMATION TO BE RETURNED TO THE OKM OFFICE**





## FIELD TRIP PARENT PERMISSION

### DETAILS OF THE TRIP:

School \_\_\_\_\_ School Phone No. \_\_\_\_\_  
Teacher Contact \_\_\_\_\_ Destination \_\_\_\_\_  
Purpose of Trip \_\_\_\_\_

Description of Activities/Itinerary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inherent Risks of Participating: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group of Students \_\_\_\_\_  
No. of Students \_\_\_\_\_ No. of Teachers/Supervisors \_\_\_\_\_  
Departure Date (M/D/Y) \_\_\_\_\_ Departure Time \_\_\_\_\_  
Return Date (M/D/Y) \_\_\_\_\_ Return Pickup Time \_\_\_\_\_  
Arrival Time Back at School \_\_\_\_\_

### TRANSPORTATION:

School District Bus  Wheelchair Access  City Transit  Private Vehicle   
Rented Vehicle  Commercial Carrier  Foot/Bicycle

### Driven by:

District Driver  Authorized Adult  Teacher  Commercial Driver   
Authorized Student Driver (no passengers allowed)

### PARENT/GUARDIAN CONSENT:

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field trips, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Consent is given for (name of student) to participate and travel as described.

Name \_\_\_\_\_

Student's BC Medical # \_\_\_\_\_

Medical concerns, allergies, medication requirements \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attachments:  Yes  No  
(including any special requirements in order to participate)



# FIELD TRIP APPLICATION

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

Principal Approval Required: Level 1 \_\_\_ Level 2 \_\_\_ Level 3 \_\_\_ Superintendent Approval Required: Level 4 \_\_\_ Level 5 \_\_\_

**DETAILS OF THE TRIP:**

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

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: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

No. of Teacher(s)/Supervisor(s): \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Pickup Time: \_\_\_\_\_

Arrival Time Back at School: \_\_\_\_\_

**TRANSPORTATION:**

- |  |   |                                       |   |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> School District Bus | <input type="checkbox"/> Wheelchair Access  | <input type="checkbox"/> City Transit | <input type="checkbox"/> Private Vehicle            |
| <input type="checkbox"/> Rented Vehicle      | <input type="checkbox"/> Commercial Carrier | <input type="checkbox"/> Foot/Bicycle | <input type="checkbox"/> Bus to stay with the Group |
| <input type="checkbox"/> Transport Equipment |   |                                       |   |

**Driven by:**

- |  |   |                                  |  |
|--|---|----------------------------------|--|
| <input type="checkbox"/> District Driver                                   | <input type="checkbox"/> Authorized Adult | <input type="checkbox"/> Teacher | <input type="checkbox"/> Commercial Driver |
| <input type="checkbox"/> 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: _____	Bus #: _____	Total Hours: _____	
Cost: _____	Total Km: _____	Cost: _____	Meal: _____
		Total Cost: _____	

**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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Teacher/Chaperones with first-aid training (Level 4 - 5 only) | <input type="checkbox"/> Notification of other staff   | <input type="checkbox"/> Medication         |
| <input type="checkbox"/> Parent Permission forms                                       | <input type="checkbox"/> List of Student Names         | <input type="checkbox"/> Medical Alert Plan |
| <input type="checkbox"/> List of Students with Medical Alert                           | <input type="checkbox"/> Emergency Contact Information | <input type="checkbox"/> Itinerary          |

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

APPROVED: _____	POSTED: _____
TRIP #: _____	FAXED: _____

**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** – please refer to the guidelines for District Field Trips

*The following signature indicates an approved application:*

Superintendent's or Designator's Signature: \_\_\_\_\_ 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.

This additional funding is for *Career Awareness and/or Exploration* activities. We would like to encourage applicants to develop new, innovative field trips for all students, wherever possible. In order to satisfy funding requirements, specific criteria must be complied with. Please provide the following information:

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

GRADE: \_\_\_\_\_ SUBJECT: \_\_\_\_\_

1. Briefly describe the educational preparation that has taken place in relation to this field trip. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What career awareness and/or exploration activities will your students be participating in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Briefly describe the planned follow-up activity that relates to the field trip experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you given two weeks' notice? \_\_\_\_\_ Teacher 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.

I, have read the above Letter of Commitment and understand that I am signing up to be a member of the team with all of the responsibilities that come along with that commitment. I understand that by signing up I agree that if I quit the team I will be forfeiting my fees.

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

\_\_\_\_\_ Parent Name \_\_\_\_\_ Parent Signature







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

Sincerely

OKM Athletic Department

OKM Administration

Student Athlete Name \_\_\_\_\_ Sport \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_