



CHHS Jr. Vikings Football Spring Camp



Congratulations! You are invited to participate in the Jr. Vikings 2026 Spring Training Camp. This camp will include 4 weeks of practice and training sessions, and a day of jamboree style game play where we will play a minimum of **three mini games**. The practices and games will be full contact and all equipment other than what is specified below will be provided. The cost of participating in camp will be **\$50** and will include equipment rental (helmets, shoulder pads, knee pads, thigh and hip pads), participation in the jamboree (costs for referee's and field rental) and the team BBQ. Any unused funds from this fee will be refunded to each camp participant (**payment can be made in cash to Mrs. Schafer at the front office at CHHS OR using CHHS School Cash Online**).

To participate in camp, you will need the following:

- Signed parent/guardian consent form (back of this page)
- Cleats (we do have a limited supply if you do not have your own)
- Mouthguard (Mouth guards are available for \$2. Bring a toonie, get a guard)
- Shirt/clothing to wear under pads
- Water bottle
- Optional equipment: Gloves, supports or braces, flack jackets, etc.

The schedule of our events for the 2026 spring camp are outlined below:

- **May 1st-2nd (3-4:30 pm)** - Equipment Fitting Day in Junior Viking Locker room
- **May 4th-7th (4-6 pm)** - Practice at CHHS Practice field
- **May 11th-14th (4-6 pm)** - Practice at CHHS Practice field
- **May 18th-21st (4-6 pm)** - Practice at CHHS Practice field
- **May 29th (4-7 pm)** - Spring Camp Jamboree at MHHS Field followed by team BBQ

Please note that practices and games are **full contact**. Signing the waiver form on the back page permits your child to participate in all activities during the 2026 Spring Camp season, including full contact drills and game play.

If you have any questions about the information outlined above, or other football related inquiries, please contact Coach Nagel by the following:

Email: clay.nagel@sd76.ab.ca

School Phone [\(403\) 527-6641](tel:4035276641) EXT 8322

ALBERTA SCHOOLS' ATHLETIC ASSOCIATION
Completion required by student and parent/guardian
in order to access ASAA competition



Retain Form at school for submission to SASAA and the ASAA if requested

ACKNOWLEDGMENT AND AGREEMENT (Student /Guardian) School Year:

WHEREAS the Alberta Schools' Athletic Association ("ASAA") is a voluntary, non-profit organization that has been established to coordinate a program of worthwhile athletic activities for the young people of Alberta in an educational setting;

AND WHEREAS _____ [NAME OF SCHOOL] is one of more than 400 member high schools which together ultimately determine the policy of the ASAA through representation on the Board of Governors of the ASAA;

AND WHEREAS _____ [NAME OF SCHOOL] is also a member of the South Alberta Schools' Athletic Association ("SASAA") which also has Bylaws, Rules and Policies which govern the participation of _____ [NAME OF SCHOOL] in athletic activities

AND WHEREAS it is not in the best interests of any of the student athletes who are served by the work of the ASAA and SASAA for them to spend resources responding to court applications brought by individual student athletes, their parents or guardians;

We, [Student and guardian], acknowledge and agree as follows:

1. We have had an opportunity to review the Bylaws and Polices of the ASAA and SASAA which are available for our review at:
-- <http://www.asaa.ca>
-- <http://www.southzone.org/index.html>
And in particular have read and understand the obligation of full and honest disclosure set in the ASAA policy handbook.
2. We will accept the outcome of any appeal process available through the ASAA or SASAA or any decision by, them regarding any matter concerning me or any other athlete registered as a student at _____ [NAME OF SCHOOL] or any coach of a _____ [NAME OF SCHOOL] team as final and binding on us.
3. We acknowledge that any application for a review of any decision of, or an outcome of an appeal process of, the ASAA or SASAA by a Judge in a court of law must be brought by the administration of _____ [NAME OF SCHOOL] and not by us.
4. _____ [NAME OF SCHOOL]'s Membership in the ASAA and SASAA is a privilege and not a right.
5. We, authorize _____ [NAME OF SCHOOL] to provide a copy of this document to the ASAA and SASAA to use or publish in any manner they see fit.

Student Name (print)

Student Signature

Date

Guardian Name (print)

Guardian Signature

Date

HEALTH CERTIFICATION AND CONSENT FORM

Extracurricular Activities

(To be completed by Parent/Guardian)

Student Name: _____ Date: _____

HEALTH CERTIFICATION

I am satisfied that my child, _____ is in good health to take part in strenuous activities. My child has my permission to participate in the extracurricular activities indicated below and conducted by _____ School.

It is with my knowledge that my child has been examined by a medical doctor within the last 12 months and has been declared physically fit to compete in the following extracurricular activities indicated below and conducted by _____ School.

I also agree with the need to have my child examined by a physician following an illness or injury to re-establish the bill of good health and understand that this, or any other medical examination, is my sole responsibility.

Please check each of the sports/clubs below your child is permitted to try out for and/or take part in:

- | | | | |
|------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Curling | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Rugby |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Band | <input type="checkbox"/> Choir | <input type="checkbox"/> Drama | _____ |

HEALTH INFORMATION: (Check where applicable)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood Clotting Disorder | <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hernia | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Tetanus Booster |
| <input type="checkbox"/> Other (Specify) | _____ | | |

FOOD AND/OR DRUG ALLERGIES:

Does your child carry an EpiPen for this allergy?

Yes

No



PREVIOUS INJURIES: (Sprains, strains, fractures, torn muscles, ligament injuries, dislocations, etc. If yes, check below and describe.)

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Ear | <input type="checkbox"/> Eye | <input type="checkbox"/> Nose | <input type="checkbox"/> Skull Fracture |
| <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Chest or Ribs | <input type="checkbox"/> Abdominal |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Elbow | <input type="checkbox"/> Forearm |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Upper Leg | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> Knees | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Other (Specify) _____ | | |

Previous Surgery or Major Illness:

REMARKS:

STUDENT CONDUCT

Students are expected to conduct themselves at all times in accordance with the rules and regulations that are set by the administration and faculty of the school.

The advisor/coach will provide the rules to the students at the beginning of the term or, in the case of several trips, prior to the beginning of the trip.

Disciplinary action will be taken if students do not abide by the rules.

Violation of rules set by the coach/supervisor will be dealt with under the terms of the discipline plan outlined by the coach/supervisor. Consequences to violation of the rules may include but are not limited to:

- the coach/supervisor may immediately remove the offending student from further participation in the activity;
- the coach/supervisor may contact the parents by telephone and request that they come and take the offending student home or arrange to have the student transported home;
- the Principal may suspend the student for a period not exceeding five (5) days and may also prohibit that student from participating in any further field trip activities;
- the police may be contacted to discuss the possibility of charges being laid if the student's actions are in violation of the law.



PARENT CONSENT

I HEREBY AGREE to allow my child _____ (Name of Student)

- to travel with the school teams/clubs indicated, under the supervision of the designated coach/supervisor for each of the trips as scheduled for the teams/clubs; including any post regular season games and rescheduled games.

[] Yes [] No

- to drive my/our vehicle, having proper and adequate insurance, to and from off-campus activities within the City of Medicine Hat;

[] Yes [] No

** IMPORTANT NOTE **

- Students are strongly discouraged from driving to and from activities in their own vehicle. Students are expected to ride with their team or parents when possible.
STUDENTS ARE NOT TO TRANSPORT OTHER STUDENTS

I ACKNOWLEDGE that the indicated activities include inherent risks, hazards and dangers that have the potential for serious bodily injury, permanent disability, paralysis and loss of life.

I GIVE PERMISSION for my child to participate in the indicated activities.

I HEREBY ACKNOWLEDGE that this consent is signed as a personal representative of

_____ (Name of Student – printed)

1) _____ (Name of Parent/Guardian/Independent Student – printed) _____ (Signature of Parent/Guardian/Independent Student)

2) I, _____ (Name of Student – printed), have read the regulations pertaining to athletics and extra-curricular activities and am prepared to follow them. I also acknowledge and accept the inherent risks involved with these activities.

_____ (Signature of Student) Dated this _____ (day) day of _____ (month), _____ (Year)

The personal information contained on this form is collected under the authority of the Education Act and the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of participating in school off-site activities. If you have any questions about this consent form, please contact the School Principal or the Superintendent of Schools.

Potential Injuries in Tackle Football

Minor:

- **Contusions:** Deep bruising (charley horses) from helmet/pad impact.
- **Sprains & Strains:** Pulled hamstrings or twisted ankles from quick cuts.
- **Turf Burn:** Skin abrasions from sliding on artificial or hard surfaces.
- **Jammed Fingers:** Common for linemen and receivers during ball handling.

Moderate:

- **Concussions:** Brain injuries from hits; require strict recovery protocols.
- **Growth Plate Injuries:** Fractures at the ends of developing bones (unique to this age).
- **Partial Ligament Tears:** Overstretched knee (MCL) or ankle ligaments.
- **Shoulder Subluxation:** Partial dislocation caused by poor tackling form.

Major:

- **ACL Ruptures:** Complete knee ligament tears requiring surgery and long rehab.
- **Bone Fractures:** Broken collarbones, arms, or legs from high-impact falls.
- **Cervical Injuries:** Serious neck/spine trauma, often from "spearing" (leading with the head).
- **Second Impact Syndrome:** Life-threatening brain swelling from a second hit before a concussion heals.



MEDICINE HAT PUBLIC SCHOOL DIVISION

601 – 1 Ave., S.W.
Medicine Hat, Alberta, T1A 4Y7

FOIP Release Form - Student

As a result of changes in copyright and various other legislations, including the **Freedom Of Information And Protection Of Privacy Act** (FOIP) schools are required to get written permission from parents before any of the children’s work or photographic images can be displayed outside of school.

I hereby grant permission to Medicine Hat Public School Division on behalf of my child,
_____to

- record, photograph and tape (audio, video, still) my child
- display image of my child or child’s work on the School Website
- publicly display any of my child’s works, and
- reproduce any of my child’s work

for non profit, educational purposes.

I understand the production(s)/work(s) may be shown at educational displays during open house, inservice sessions and other school related activities at school or school board sites or at school or school board sponsored displays in the community, the internet, or included in educational or promotional materials.

This consent is valid for the school year. In the event that, during the school year, you wish to revoke or change your consent, please advise your child’s principal in writing. In the event that you do not provide consent, the district reserves the right to exclude your child from any activity that includes the collection, use, and/or disclosure of personal information.

If you have any questions or concerns regarding the collection, use, and/or disclosure of your child’s personal information please contact the school.

I (parent/guardian) hereby consent to the collection, use, and disclosure of ALL personal information listed and similar collection, use, and disclosure of personal information described in the School Activities Consent List.

FULL NAME OF STUDENT

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP

DATE