



This document contains the **Everest Hockey High Performance program enrolment package for 2020-2021**. All families are required to fill out, sign, and return this package no later than June 1, 2021 to [karen@everestsportsgroup.com](mailto:karen@everestsportsgroup.com) or in-person at the main reception area of our campus (2600 Rutherford Rd, Vaughan, upstairs; hours 9AM-3PM Monday to Friday, please call ahead).

Where "Initials" are requested, parents should sign-off with their initials. Parent and student sign-off is required at the end of this document. In the instance that families have multiple children taking part in the Everest High Performance program, please submit one package PER CHILD.

**STUDENT INFORMATION**

Student Name:	Current Grade:	Gender:	M	F	Other	Date of Birth:
Address:					Student Cell Phone (if applicable):	
Previous & Current Team(s)/Skill Level (Please Describe):						

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name:	Primary/Cell No.:	Alternative No.:
Email Address:		
Parent/Guardian Name:	Primary/Cell No.:	Alternative No.:
Email Address:		

**WAIVERS**

	<p><b>Responsibility</b></p> <p>I agree that Everest Academy and all of its partners, coaches, teachers and trainers including but not limited to Everest Academy, Everest Hockey, The Sports Village and/or its proprietors, workers and coaches ("Everest") will not be held responsible for any accident or loss however caused, and agree to release Everest from all claims or damage which may arise as a result of any such accident or loss related to attending or visiting Everest for any reason. In the event of an inability to be contacted in a timely fashion, I hereby give Everest permission to seek any medical attention required for my child or to take any action recommended by a recognized medical professional.</p>
Initial	
	<p><b>Release</b></p> <p>I irrevocably grant permission for Everest to use, for promotional reasons, photographs and videos taken by Everest (and/or provided by me) in any Everest publication such as advertising, direct mail, web site materials, brochures, social media posts, newsletters, and magazines, and any other Everest promotional material. I fully understand that my child's image may be included in these materials and that I will not be contacted in advance of their use.</p>
Initial	

	<p><b>Transportation</b></p> <p>I give permission for my child to be transported in a motor vehicle driven by an appropriately licensed Everest representative. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or adult volunteers. I further understand that Everest may not require any further transportation waivers for scheduled school trips and events requiring transportation. Further details regarding transportation rules and regulations follow in a later section of this document.</p>
Initial	
	<p><b>COVID-19</b></p> <p>I understand that my child will enter Everest Academy's premises, and will come into contact with and make use of Everest Academy's facilities and equipment; will engage in physical activities; will engage in activities with other Everest Academy students; and will be in close proximity to, come into contact with, and physically interact with other students, staff and volunteers (collectively the "Risks"). I understand that Everest Academy will take reasonable care to ensure that its facility, services and equipment are safe for my child, however, I acknowledge and accept that there are inherent risks associated with the Risks, including risks associated with COVID-19 that are outside the control of Everest Academy, such as exposure to COVID-19 in connection with the Risks. I agree on my personal behalf</p>
Initial	



and on behalf of my child that Everest Academy, its agents, affiliates, employees, volunteers, directors and officers, are not responsible for any loss, damage, injury, infection or death to my child or to me which may occur in connection with, or be caused by any of the Risks.

In consideration for Everest Academy allowing my child to attend Everest Academy's program, I am: (i) releasing Everest Academy, its agents, affiliates, employees, volunteers, directors and officers from any and all liability, on my own and my child's behalf, for damages or loss that I or my child may sustain as a result of, or in connection with, the Risks, (ii) waiving my and my child's right to sue Everest Academy in respect of all actions, causes of action, claims, demands or damages of any kind which may arise from the Risks, including without limitation, waiving the right to claim against Everest Academy for any actions, causes of action, claims or demands made by third parties for loss that they or their child may suffer arising out of or in connection with my child's participation in Everest Academy's athletic, academic, and other programs, and (iii) assuming all risks associated with the Risks, and any events incidental to the Risks, which may arise from my child's attendance at Everest Academy's program.



**IN CASE OF EMERGENCY, PLEASE CONTACT:**

**PRIMARY EMERGENCY CONTACT PERSON**

\_\_\_\_\_  
Name (First + Last)

\_\_\_\_\_  
Cell Phone/Primary Phone No.

\_\_\_\_\_  
Alternative Phone No.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province                                           Postal Code

Relationship: \_\_\_\_\_

**SECONDARY EMERGENCY CONTACT PERSON**

\_\_\_\_\_  
Name (First + Last)

\_\_\_\_\_  
Cell Phone/Primary Phone No.

\_\_\_\_\_  
Alternative Phone No.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province                                           Postal Code

Relationship: \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Initial

I release Everest Academy and all of its partners, coaches, teachers and other related individuals from liability in case of accident during activities related to Everest Academy, as long as normal safety procedures have been taken.

\_\_\_\_\_  
Initial





**ADMINISTRATION OF MEDICATION IN SCHOOLS**

Everest Academy has a written policy to assure the safe administration of medication to students during the training schedule. If your child must have medication of any type given during training hours, including over-the-counter drugs, you have the following choices **(please select one)**:

\_\_\_\_\_ Initial  
The Parent/Guardian may come to school and administer the medication to the child at the appropriate time(s). They must report to the school's main office to do this.

\_\_\_\_\_ Initial  
The Parent/Guardian may use the form, "MEDICATION ADMINISTRATION PERMISSION FORM," on the back of this letter. Take the form to your child's doctor and have them complete the form by clearly listing the medication(s) needed and dosage instructions. The form must be completed by the doctor for both prescription and over-the-counter drugs. The form must be signed by the doctor and by you, the parent/guardian. Prescription medicines must be brought to the school in a pharmacy-labeled bottle, which contains instructions on how and when to give the medication. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions.

\_\_\_\_\_ Initial  
The Parent/Guardian may discuss with the child's physician an alternative schedule for administering the required medication (i.e. outside of school hours).

\_\_\_\_\_ Initial  
**My child does not take or require any prescribed or over-the-counter medications that must be administered by Everest Academy school personnel the at this time.** I will inform the main office at Everest Academy if this changes in the future – please contact us at [kcribari@everestacademy.com](mailto:kcribari@everestacademy.com).

School and athletics personnel will not administer any medication to students unless they have received a medication form properly completed and signed by both doctor and parent/guardian, and the medication has been received in an appropriately labeled container. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

The school may also charge a fee for the administration of medication depending on the nature of the medication and risks and time required involved.

The school may also choose to decline to administer the medication depending on the nature of the medication and risks involved.



**STUDENT HEALTH HISTORY QUESTIONNAIRE**

Health Card No.:	Family Doctor Name:			
Family Doctor Phone:	Date of last physical exam:			
<b>STUDENT HEALTH HISTORY</b>				
Have you had any illness/injury recently, or do you have an illness/injury now?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been hospitalized overnight?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any chronic or recurrent illness or injury?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever had any illness lasting more than a week?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you had any surgery other than tonsillectomy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you presently taking any medications or pills (including birth control, vitamin, aspirin, etc.)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever passed out during exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever had chest pain or dizziness during or after exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever had problems with your blood pressure or your heart?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have any close relatives had heart problems, heart attacks or sudden death before age 50?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any skin problems (acne, itching, rashes, etc.)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever had fainting, convulsions, seizures or severe dizziness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have frequent or severe headaches?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever had a "stinger" or "burner" or "pinched nerve"?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been "knocked out" or "passed out"?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever had a neck or head injury?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever had heat exhaustion, heat stroke, severe heat cramps or similar heat related problems?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have asthma, trouble breathing, or cough during or after exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you use an inhaler for asthma?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you diabetic?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you administer insulin to yourself?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you wear eyeglasses, contact lenses, or protective eye wear?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you had any problems with your eyes or vision?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you wear any dental appliance such as braces, bridge, plate, retainer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



If Applicable: Have you had any menstrual problems?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever torn a tendon, ligament or muscle?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you use special equipment (brace, etc.)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a history of sickle-cell anemia in your family?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you had a medical problem or injury within the last year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can you swim?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is stress a major problem for you?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you feel depressed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you panic when stressed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have problems with eating or your appetite?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you cry frequently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever attempted suicide?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever seriously thought about hurting yourself?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have trouble sleeping?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been to a counselor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please explain any YES answers that require explanation or more detail:



Please contact [kcibari@everestacademy.com](mailto:kcibari@everestacademy.com) with any updated health information. Health information will only be shared with faculty/staff on a “need-to-know” basis.

\_\_\_\_\_ **MEDICATION:** All medications (except for inhalers, epi-pens, glucose tablets) will be kept locked at the school’s front office and dispensed by our designated staff. **Medication will only be dispensed if the proper consent forms are completed.** Please see and complete our Medication Administration Permission page above.  
Initial

\_\_\_\_\_ I permit my daughter/son to be assessed and treated at Everest Academy by the school doctor/school nurse/athletic therapist, designated personnel for first aid and minor health concerns.  
Initial

\_\_\_\_\_ I permit that, in case of a major medical emergency, my daughter/son will be immediately taken to the nearest health care centre as per the instructions of the emergency health respondents (911).  
Initial





## BUSSING AGREEMENT

Everest Academy uses a variety of transportation services including private school-run van service and 3rd party bussing services. Below are the rules and regulations for all Everest Academy students when travelling with school sponsored transportation (team trip, field trip, home bussing, etc.):

1. Be courteous and respectful to your fellow travelers the driver.
2. Smoking, eating and inappropriate language (swearing or offensive) are not permitted on any vehicle.
3. Take any litter with you when you leave the vehicle or deposit it in the collection bag located on-board if one is available. Help keep your surroundings clean.
4. No moving around while the vehicle is in motion. This is for your safety.
5. Do not throw objects out of the window.
6. Ensure no part of your body is outside the vehicle while vehicle is in motion, including hands, arms, head, etc.
7. Damages incurred by your actions will be charged to your parent(s)/guardian(s) or to you if you are 18 years of age or older.
8. Be ready for your vehicle five (5) minutes before any scheduled pick-up time.
9. Your driver will not wait more than two (2) minutes past your scheduled pick-up time if being transported between your home and school.

**Follow your driver's instructions at all times, especially during an emergency situation which could result in an evacuation from the vehicle to a safe assembly point.**

Please note that due to COVID-19, the following additional stipulations will also apply:

Masks will be mandatory for all students and drivers while traveling on an Everest Academy bus or van. Drivers will be responsible for sanitization of interior and exterior frequently touched surfaces (including seats, handles, etc.) before and after students board. We ask students to take extra care to not leave behind garbage and help ensure a clean space on board our busses and vans. Students will be assigned designated seating based on pick-up and drop-off schedules, siblings, and class cohorts. A record of the seating plan will be kept to assist with contact tracing. Hand sanitizer will be provided to students on each bus and students will be asked to sanitize their hands before boarding.



**DOCUMENT SIGN-OFF**

We have read, understood, and agree to the policies as outlined in the package above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

