

STUDENT ATHLETE REGISTRATION PACKAGE

NAME:		
TEAM:	SWIMMING	
STUDENT#_		
GRADE 8 YEAI]:	
PHONE#_		
INSTAGRAM	@	



Swimming 2023 Team Fees

Welcome to Rebels' Athletics. Burnaby South Secondary School celebrates all of our student athletes and we are of the contribution they make to our school and to our community. The Athletics Program at Burnaby South is an integral component of the overall educational experience. Our program offers a wide range of interscholastic sports hosting 30 teams for over 600 student-athletes.

The player fee is **\$60.00**. See below for the cost breakdown. Fees can be paid online or inperson via cash or cheque. Payment plans are available on a per-student basis.

Season Cost Breakdown:

Splash Fee: \$ 30.00 Athletic Program Fee \$ 30.00 Total \$ 60.00

Splash Fee

The splash fee is allocated to towards covering the cost of practice time at Bonsor Pools and all entries into practice meets and the Zone and Provincial swim meets that will take place at the end of the season.

Team Apparel

A Rebels swim cap is available for purchase and is needed for all swim competitions

Athletic Program Fee

This standard fee is applied to all student-athletes who participate in our varsity program. The fee is allocated to the costs of supplies that are ordered and used during the athletic year. Team balls, sport-specific equipment, and First aid supplies are all expenses absorbed by this fee.

Online Store - www.Shop.GoRebels.ca

Optional items are available for purchase form our online store. Payment for items can be made directly from our store and items will be delivered to our school in 3 weeks.

My contact information is listed below if you have any questions. I hope you and your child enjoys being a member of our vibrant and diverse Athletic Department. Go Rebels!

Mr. Puni

Teacher & Athletic Director | Burnaby South Secondary

E: robbie.puni@BurnabySchools.ca





Burnaby South Athletics Medical Alert Form

5455 Rumble Street Burnaby BC V5J 2B7 P: 604.664.8560 ext 3106 F: 604.664.8561

STUDENT CONTACT INFORMA	TION		
NAME:		AGE:	
ADDRESS:		CARE CARD #:	
CITY:		POSTAL CODE:	
PHONE :	DATE OF BIRTH:		
EMAIL ADDRESS:		GRADE 8 YEAR:	
EMERGENCY CONTACT INFOR	MATION		
NAME		HOME PHONE	CELL PHONE
1.)			
2.)			
MEDICAL INFORMATION			
DOCTOR NAME:		PHONE #	
DENTIST NAME:		PHONE #	
Pertinant Medical History (allergies, there	apy, recent surgery)	:	





IMPORTANT INFORMATION PLEASE HAVE THIS TRANSLATED

RENSEIGNEMENTS IMPORTANTS Prière de les faire traduire.

重要資料請找人將你翻譯

これはたいせつなお知らせです。

알려드립니다 이것을 번역해 주십시오

CHÍ DẪN QUAN TRONG Xin nhờ người dịch hộ

ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ

ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲੱਥਾ ਕਰਵਾਓ ।

INFORMACIÓN IMPORTANTE Busque alguien que le traduzca. اطلاعات مهم و سودمند نطفاً از یک نفر بخواهید که برای شما ترجمه کند

ITO AY MAHALAGANG IMPORMASYON Isalin sa wikang tagalog kung hindi maintindihan

یرجی ترجمة هذا معلومات هامة

ВАЖНАЯ ИНФОРМАЦИЯ Переведите это, пожалуйста.

CONSENT FORM

The Burnaby School District is eager and proud to showcase our students, staff and schools and/or the work that they have done, however, the district has a responsibility to protect the privacy of our students and staff.

In accordance with the **Freedom of Information and Protection of Privacy Act**, the Burnaby School District requires parental consent for the use of a student's image or work produced.

The School District requests your permission to take/use or have media take/use photographs/audio visual recordings of your child participating in a school activity and/or the work they produce, such as creative writing and artwork. These photographs/audio visuals might then be used for external public viewing, on the school/district website, in printed promotional materials and/or used by news media (print/electronic) for school and student related stories.

If you consent to have your child's image and/or work they produced used as noted above, please complete the consent form below and return this form to the school administration office. If you have any questions, please contact us directly.

Thank you for your attention to this important matter.

I understand and give my consent for my child's image and/or work they produced to appear in photos/audio visual recordings while participating in a school activity and that these may be used for promotional purposes on externally distributed printed materials, on our website or broadcasted by electronic media.

Print Child's Name:	Grade:
School Name:	
Parent/Legal Guardian (Print):	
Parent/Legal Guardian (Signature):	
Date:	



School:					
Address:					
Home Phone #:	Work Phone #:	Fax #:			
E-mail Address:					
		License #:			
Registered Owner (if different than	above):				
Amount of Insurance Liability (mini	mum \$1 million)*:	Number of Seatbelts:			
	self insurance program, district emplo	oyees and volunteer drivers have supplemental			
In accordance with Burnaby Schoodriver to ensure the following condi		tion of Students), it is the responsibility of the			
All passengers must wear s B.C. Motor Vehicle Act (rev	seat belts, approved booster sea vised 2007) and Policy 3-05.	ts or child restraint seats as required by the			
B) No elementary school-age with an air bag.	d child is permitted to sit in the fro	ont passenger seat of a vehicle equipped			
C) The vehicle must be in safe	C) The vehicle must be in safe operating condition.				
 D) The vehicle must be opera or insurance restrictions. 	ted in a safe, legal manner, and c	operated consistently with any driver, license			
E) There will be no smoking in	n the vehicle.				
F) The driver, if newly-license	d, must conform with any applica	ble restrictions.			
 G) The driver agrees not to us while operating the vehicle 	se any wireless communication (e	eg: cell phones, blackberries, bluetooths)			
Failure to comply with any of the at	pove conditions may result in the	Volunteer Driver Authorization being revoked			
,	read and accept the above cond	e, roadworthy condition and my driver's litions regarding driving students. I also above information.			
Driver's Signature:		Date:			
Driver's License #:					
Parent / Guardian Signature (if driv	ver is under the age of 19):				
I hereby give permission for the ab to and from school-approved activity		icle for the purpose of transporting students			
Registered Owner's Signature:		Date:			
I hereby attest, to the best of my kr understands and accepts the cond	_	tion is accurate, and that the driver			
Principal's Signature:		Date:			
Valid for school year ending June 3	30,				

Athletic Fee Payment

Options to Pay \$60 Athletic fee:

Option 1:

Pay Online at

www.SchoolCashOnline.com

Option 2:

Cheque payable to "Burnaby South Secondary" and attach to this page

