



DIVISION SCOLAIRE
LOUIS RIEL
SCHOOL DIVISION

OUT-of-Class Physical Education/Health Education Sample Student Declaration Form

(To be completed by students 18 years and older)

(NAME OF SCHOOL)

A student who is 18 years of age or older must complete this form to obtain credit for participation in OUT-of-class physical activities as part of the Physical Education/Health Education (PE/HE) credit for Grades 9 to 12. Please return the completed form to the teacher of this course.

Student Declaration

- I understand that all the physical activities I have chosen for the OUT-of-class component of this course have been accepted by the PE/HE teacher as indicated on my Personal Physical Activity Plan (attached).
- I understand that there is a risk of injury associated with all types of physical activity. I have reviewed the recommended safety guidelines¹ for the physical activities I have chosen.
- I understand that the recommended safety guidelines are believed to reflect best practice and are considered minimum standards for physical activity in an organized or formal setting. They may, however, not apply to all situations (e.g., home-based, recreational, or modified activities), and more stringent safety standards may be applied by instructors/coaches/program leaders of OUT-of-class physical activities in organized programs.
- I am aware that school staff will not inspect the facilities or equipment I will be using for the non-school-based physical activities² I have chosen for the OUT-of-class component of this course. I am also aware that I will therefore be responsible for ensuring, to the extent reasonably possible, that these facilities and equipment meet the recommended safety standards for the non-school-based physical activities I have chosen for this course. This may include investigating for evidence of general liability coverage.
- I am aware that the school staff will not be present or in any way involved in supervising me while I participate in the non-school-based physical activities I have chosen for the OUT-of-class component of this course. I am also aware that I will therefore be responsible for ensuring, to the extent reasonably possible, that while participating in non-school-based physical activities I receive

¹ For most activities, the recommended safety guidelines may be obtained from the teacher of this course or viewed online at the following website: *(Insert division or school URL where guidelines may be found)*.

² Non-school-based activities are home-, community-, or independently based activities that are not directly organized by the school or school division, such as community sports, classes and clubs, and exercising at home.



RISK MANAGEMENT: OUT-of-Class Physical Activity in Grades 11 & 12 Physical Education/Health Education

EI/IJOB

the appropriate level of instruction and/or supervision for my chosen activities. This may include investigating for evidence of general liability coverage and requirements for personnel to undergo criminal record and child abuse registry checks.

- I am aware of the recommended safety guidelines for the physical activities that I have chosen for the OUT-of-class component of this course.
- While participating, I will abide by the recommended safety guidelines that are appropriate to the nature of the activity (e.g., recreation versus competition). When applicable, I will also abide by any other more stringent safety standards imposed by my instructors, coaches, or program leaders.
- I will ensure, to the extent reasonably possible, that no one is injured and no property is damaged or lost as a result of my participation in my chosen physical activities for the OUT-of-class component of this course.
- I understand that I will be responsible for any and all fees that may result from my participation in physical activities for the OUT-of-class component of this course.
- I understand that if I want to choose other physical activities that are not part of the attached Personal Physical Activity Plan for inclusion in the OUT-of-class component of this course, I must discuss changing my Personal Physical Activity Plan with my PE/HE teacher.
- I understand that my teacher must accept any additional physical activities chosen by me, and I will be required to complete a new declaration.
- I have considered my mental and physical condition, as well as the risks and suitability to me of the physical activities I have chosen for the OUT-of-class component of this course.

I have read, understand, and agree with the above statements:

Student's Legal Last Name	First Name	Middle Initial
Student Signature (if student is under 18 years of age)		Date