EMCS ATHLETICS

ATHLETE | 2024 PACKAGE | 2025

Student Athlete Name: _____

WELCOME TO EMCS ATHLETICS 2024-2025

Congratulations! Your child is participating on an Edward Milne Community School athletic team. Being part of the

Wolverines program is both a privilege and responsibility. We are very proud of our sports program and appreciate the

staff, students, and community members who make our teams possible. There are many physical, social, and emotional

benefits associated with being part of a team. It is our hope that your child experiences all the positive aspects of growth

and development that come with being a Wolverine.

EMCS is a member of the Vancouver Island Secondary Schools Athletic Association (VISSAA), Lower Vancouver Island

Secondary Schools Athletic Association (LVISSAA), and BC School Sports (BCSS). As such, it subscribes to the rules and

regulations of these associations. Sport schedules and league-specific information are updated regularly and can be

found online through the LVISSAA website at https://lowerislandschoolsports.ca/high-school/.

This athletics package is to be completed prior to participation in any EMCS sports competition. It outlines the

responsibilities of student athletes and parents/guardians representing our school and community. Please review this

document carefully, and fill out all the attached forms. This package should be returned to the EMCS office.

Athletics Contact Information:

Athletic Director

Kayla Natarelli (she/her)

email: knatarelli@sd62.bc.ca

Vice Principal

John Mennie (he/him)

email: jmennie@sd62.bc.ca

Main Office

phone: (250) 642-5211

email: emcs@sd62.bc.ca

2

FEES & FUNDRAISING INFO

ATHLETIC FEE (\$50)

EMCS is a member of two high school sports organizations: BC School Sports (BCSS) and Lower Vancouver Island Secondary School Athletics Association (LVISSAA). Each athlete must pay an athletic fee of \$50 to cover BCSS membership and costs of sports equipment, awards, uniforms, etc. The \$50 fee is only required once per school year, no matter how many school sports the athlete participates in.

Please indicate that you have paid the \$50 athletic fee below:				
☐ I have paid online at https://sd62.schoo	lcashonline.com			
Parent/Guardian Initial:	Student Athlete Initial:			
TEAM-SPECIFIC FEES For some sports, additional fees are approved by the Sc	chool Board to help cover the cost of travel, tournament entry,			
	will be disclosed at the beginning of those sport seasons.			
UNIFORM CHARGES				
Athletes are responsible for washing and taking care of coaches at the end of the season. Any student that doe fee.	their team uniforms. These must be returned to their so not return their uniform will be charged a \$200 replacement			
Parent/Guardian Initial:	Student Athlete Initial:			
FUNDRAISING				
EMCS Athletics will hold two bottle drives during the sc	chool year: one in the fall, and another in the spring. Each EMCS			
Athlete is expected to attend at least one of these fund volunteers at the first bottle drive, while spring sport at	raisers. Usually fall sport athletes make up the majority of the the second one.			
Parent/Guardian Initial:	Student Athlete Initial:			
SD62 ONLINE CONSENTS				
Please ensure you complete the online consent forms a	t consent.sd62.bc.ca. This allows you to access School Cash			
Online for athletics payments, and is important for EMC	S media releases (photos of athletics on our website).			
Parent/Guardian Initial:	Student Athlete Initial:			

VOLUNTEER DRIVERS

Parent/guardian drivers are crucial to the success of our athletics program. There are no buses available for away games, so athletes are transported by parents, guardians, coaches, and staff sponsors. If you can drive your student athlete, and their teammates, it helps our program immensely.

Before you can transport any athlete other than your own child, our office needs to have each of the forms listed below on file. There will be no exceptions. Once the office has confirmed you have completed the driver's package, please connect with the Athletic Director, and coach/ staff sponsor, to let them know.

Even if you have registered as a volunteer-driver in previous years, the information needs to be updated on an annual basis. Please contact the school office to confirm your information is current and accurate.

Please check in with the EMCS office if you have any questions or concerns about the process.

STEPS TO REGISTER AS A VOLUNTEER DRIVER:

Form	How to Complete	Frequency
Proof of Insurance (minimum of \$2,000,000 liability)	Provide to Main Office at EMCS (they will make a photocopy)	Annually
Proof of Valid Driver's License	Provide to Main Office at EMCS (they will make a photocopy) Annually	
Form #62-21	Can be completed in the EMCS Main Office Annually	
Criminal Record Check https://justice.gov.bc.ca/criminalrecordcheck Access code: FQGBNWNUXA		Every 3 years
Drivers Abstract	https://onlinebusiness.icbc.com/clio/	Every 5 years

STUDENT ATHLETE PARTICIPATION AGREEMENT

l,	, wish to participate in EMCS Athlo	etics. In order to do so, I consent to abide by the	
result in dis	greement. Failure to abide by these or any other reasonal sciplinary action (e.g. limited playing time, removal from the tion with coaches, teachers, administration, and parents	ole expectations set out by the school or coach may the team, suspension, etc.). This will be determined	
I agree to:			
•	Attend classes regularly and maintain passing grades in a	all my courses	
•	Understand that any unexcused absence from class, or in	nability to participate in PHE on the day of a	
	practice/game will cause that athlete to NOT participate	in the practice/game	
•	Understand that the consequences of being involved in	serious offenses at school (drugs/ alcohol/ fighting/	
	etc) that result in suspension will exclude me from partic	cipating in school sports for a period of time, to be	
	determined by school administration		
•	Follow the rules with respect to behavior in classes and	n school	
•	Display good citizenship while on school premises or when visiting other schools		
•	Attend practices and games regularity as per coaches' expectations		
•	Take care of the equipment, uniforms, and facilities I am using		
•	Be committed to my team and improving my skills		
•	Treat coaches, officials, opponents, and spectators with	respect at all times	
•	Respect the decisions of officials without gesture or argu-	ument	
•	Be supportive and positive toward the efforts of teamma	ates and opponents	
•	Communicate clearly and regularly with coaches, and inform my parents/guardians of the tea		
	expectations		
•	Complete my athletic package, and pay the EMCS	athletic fee (\$50 on school cash online) before	
	participating in my sport		
Please sign	below to indicate you have reviewed and understood the s	student athlete responsibilities and expectations:	
Student Ath	nlete Signature	Date	
Parent/Gua	rdian Signature	Date	

PARENT/GUARDIAN AGREEMENT

I/We permit my/our child,	, to participate on an EMCS sports
team. I/We understand that supervision is provided by the sch responsible for ensuring my/our child has transportation to and	•
I/We also agree to:	
Support my/our child and their team in a positive	manner
 Refrain from heckling or speaking negatively to off 	ficials, opposing teams, coaches, and spectators
 Respect the game plan of the coaches, including d 	ecisions about playing time allotted to players
 Remember that parents and guardians also repres 	ent the team, school, and community when they are
attending school sporting events	
 Address any concerns to the coaches/ staff sponso 	ors at an appropriate time and place. The first point of
contact should be with the coaches/ staff sponsor	s, before the athletic director or administration
 Understand that EMCS teams are run completely be 	by volunteers who are dedicating their time, knowledge,
and energy to support youth athletics	
 Ensure that my/our child understands the commit 	ments required to participate on a team at EMCS, as
outlined in the Student Athlete Participation Agree	ement
Complete timely payment of fees and completion	of all required forms
I/We understand that failure to abide I	by these guidelines may impact
my/our child's ability to partici	pate in school athletics.
Please sign below to indicate you have reviewed and understoo	d the parent/guardian agreement:
Parent/Guardian Name(s)	Student Athlete Name

Date

Parent/Guardian Signature(s)

ATHLETICS MEDICAL INFORMATION FORM

This form will accompany the team to all games and practices

Student Surname	Student Given Names
Date of Birth	BC Care Card Number
Emergency Contact Name	Phone Number
2nd Emergency Contact Name	Phone Number
Family Doctor	Phone Number
Please provide relevant medical information on:	
1. Medications	
Are they carried by your child?	Are they administered by your child?
2. Allergies	
Previous injuries	
Is there anything else that we should know?	
In the event my child requires immediate medica	Il treatment, I hereby authorize the team officials to seek treatment
Parent/Guardian Name(s)	Student Athlete Name
Parent/Guardian Signature(s)	Date