

## Welcome to the Williamsburg Cross Country Team!

We welcome all runners from Grades 3 to 8. Please find a calendar of events attached to this package, as well as a few permission letters attached. **Please return the signed permission letters along with \$5.00** (to cover the cost of our mini meets and the bussing to Trail Hub, formerly Skyloft, for our area meet – all runners qualify for this event) as soon as possible. Thanks!

### Important Notes:

The weather during Cross Country season can be unpredictable. Students need to dress for the weather as practices and meets will go rain or shine (thunder and lightning will force a “storm date” or cancellation).

- ✓ Hat
- ✓ Jacket
- ✓ Light gloves
- ✓ Appropriate footwear – running shoes please!
- ✓ Water bottle
- ✓ Extra socks

- Parents are always welcome to come out and run during practices.
- A school shirt is required for all cross country meets. If your child does not have one, we will lend your child a shirt for the competitions. The shirt will be handed out and collected during each meet so we can keep track of them. They will be washed in between uses!
- Please be aware that due to the high number of participants at Cross Country meets, if you are interested in finding out what place your child finishes you are expected to check the results board. Thanks.
- Every runner is invited to the “mini meet” (Glen Dhu PS) and the “Area meet” at Trail Hub (formerly Sky Loft Ski Resort)
- Students who qualify at the Area meet move on to “Regionals”. These runners will have additional practices during the week following our Area meet. “Qualifying students” are runners who finish as individuals in the top 8 within their age group OR the top 2 overall teams (4-6 runners of the same age group). The Regional meet is on October 20/22.

**Glen Dhu P.S.: 29 Fallingbrook St, Whitby, L1R 1M7 – Sept. 28/22**

**Trail Hub (Skyloft): 722 Chalk Lake Rd., Uxbridge, ON, L9P 1R4 – Oct 7 (Bussing provided for this meet only) Those who qualify for the Regional Finals on October 20 will need to arrange their own transportation to and from the meet. Information on this meet will be available to those who qualify.**

(R) = return to the school

Remind

# Sign up for important updates from J. COOK.

Get information for **Williamsburg Cross Country 2022** right on your phone—not on handouts.

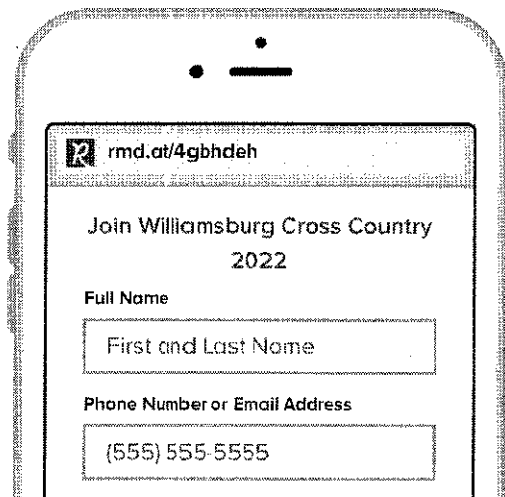
Pick a way to receive messages for **Williamsburg Cross Country 2022**:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/4gbhdeh](https://rmd.at/4gbhdeh)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message @4gbhdeh to the number (705) 230-3078.

*\* Standard text message rates apply.*



Don't have a mobile phone? Go to [rmd.at/4gbhdeh](https://rmd.at/4gbhdeh) on a desktop computer to sign up for email notifications.



# September 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6 CLASSES BEGIN	7	8	9	10
11	12	13 Fill out the permission forms and send in \$5	14 PRACTICE @ Williamsburg PS 2:45-3:30pm	15	16 PRACTICE @ Williamsburg PS 7:15-8am	17
18	19 PRACTICE @ Williamsburg PS 10:55-11:15am (eat lunch after)	20	21 PRACTICE @ WPS 2:45-3:30pm Williamsburg Open House 5:30-7:30pm	22	23 Terry Fox Run @ Williamsburg PS	24
25	26 PRACTICE @ Williamsburg PS 10:55-11:15am (eat lunch after)	27	28 Gator Gallop @ Glen Dhu PS, Whitby 3:45-5:15pm (meet there at 3:30pm)	29	30 PRACTICE @ Williamsburg PS 7:15-8am	
<p>Important Reminders - Dress for the weather...</p> <ul style="list-style-type: none"> <li>- Extra socks on those wet morning runs might be a good idea</li> <li>- Did you hand in all of your forms and \$5?</li> </ul>						



# October 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 PRACTICE @ Williamsburg PS 10:55-11:15am (eat lunch after)	4	5 PRACTICE @ Williamsburg PS 2:45-3:30pm	6	7 <b>XC AREA 'E' MEET</b> @ Trail Hub, Uxbridge 11am - 1:30pm (bus to the meet)	8
9	10 <b>NO SCHOOL</b>  Thanksgiving	11	12 PRACTICE @ Williamsburg PS 2:45-3:30pm (REGIONAL QUALIFIERS)	13	14 PRACTICE @ Williamsburg PS 7:15-8am (REGIONAL QUALIFIERS)	15
16	17 <b>AREA STORM DATE</b> PRACTICE @ Williamsburg PS 10:55-11:15am (REGIONAL QUALIFIERS)	18 <b>AREA STORM DATE</b> PRACTICE @ Williamsburg PS 10:55-11:15am (REGIONAL QUALIFIERS)	19	20 <b>REGIONAL FINALS</b> @ Trail Hub, Uxbridge 11am - 2:00pm (own transportation)	21 <b>REGIONAL FINALS</b> <b>STORM DATE</b> @ Trail Hub, Uxbridge	22
23	24	25	26	27	28	29
30	31	<p><b>Important Reminders</b> - drink lots of water and eat nutritious meals as you prepare to compete            - getting enough sleep and doing your homework will help with your mental race preparation</p>				

## APPENDIX L

## PARENTAL PERMISSION FOR A CO-CURRICULAR ACTIVITY/ATHLETIC ACTIVITY

Student: \_\_\_\_\_ School: WILLIAMSBURG P.S.

Date of Birth: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Teacher/Volunteer in Charge: R. Winters / J. Cook  
A. Schoonderbeek

Phone Number(s): \_\_\_\_\_

Dear Parent(s) or Guardian(s):

Your child has indicated an interest in the inter-school co-curricular/athletic activity designated below. There are a great many physical, mental, and social benefits to be gained through this participation. Your consent is required for your child will be allowed to participate. Your signature(s) on this form will indicate your approval.

**YOU ARE URGED TO CONSULT WITH YOUR FAMILY DOCTOR PRIOR TO YOUR CHILD PARTICIPATING IN INTER-SCHOOL ATHLETIC ACTIVITIES.**

If your child has or has had, any previous or current health problems which might affect your child's comfort or safety, would you please give full particulars in writing and telephone the teacher to discuss the problem. Please provide particulars.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIVITY: CROSS COUNTRY 2022TENTATIVE SCHEDULE: attachedI hereby give my consent for \_\_\_\_\_  
(Name of Student)

to participate in the activity indicated above.

\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature of Parent/Guardian)Element of Risk

Co-curricular/athletic programs may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participants must assume these risks.

The Durham District School Board does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of students participating in these activities. Students planning to become involved in co-curricular athletic programs, at any time during the school year, are urged to have Student Accident Insurance.

Acknowledgment

We have read and understand these warnings:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Signature of Parent/Guardian)

Transportation

A variety of methods of transportation may be used when students are participating in games at other schools. When bus costs are prohibitive, your son/daughter may be driven by a coach, a teacher, a parent, a senior student, or by a local taxi. Students will be expected to use the method of transportation provided by the school for each event unless arrangements have been made with the department head one day in advance and written approval is obtained from the parent or guardian. If your son/daughter is a licensed driver and has your permission to transport other students to games or tournaments, please indicate below.

Insurance

When a parent or senior student volunteers to provide transportation to a school-sponsored event, The Durham District School Board does provide coverage in excess of the liability insurance held by the volunteer. (This does not and cannot cover the collision portion of the volunteer's insurance coverage.)

\_\_\_\_\_ is a licensed driver and has permission to drive to games/tournaments and transport student passengers.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

# Student Athlete

## Commitment & Participation Agreement



CONGRATULATIONS! You made the school team!! Being on a school team should be an enjoyable and positive sport experience for our student athletes. It allows for a greater level of competition and skill development that compliments intramural and physical education programs in our school. It does, however, carry an additional set of reward, responsibilities and expectations.

School Name: WILLIAMSBURG P.S.

Sport: CROSS COUNTRY

Team Name & Division: WOLVES

### COACHING PHILOSOPHY

Our goal is to develop and foster the skills, sportsmanship, positive attitude, and effort level of each student-athlete. During exhibition games, every effort will be made to play all team members equally. However, during qualifying play/tournaments playing time may not be equal and will be based on the situation at the time. As the student-athletes have been told, positive contributions can be made, and are essential by those on and off the playing field.

### STUDENT ATHLETE CODE OF CONDUCT

The following Code of Conduct guidelines have been established for student athletes.

1. It is expected that each student athlete will do the best he/she can do during all games and practices. No coach will expect more or accept less.
2. Each student athlete is expected to be a "team" player and to be supportive of all other team members.
3. It is important that the student athlete maintains acceptable levels of achievement, effort, behaviour and attitude with respect to school. Concerns by any staff member about any student in consultation with the Principal, may result in that student being suspended from participation, or dismissal from the team. Student first – athlete second.
4. The ability and judgement of the referee or official is not to be questioned by any student athlete or parent. Any displays of disrespect will result in the immediate removal from the game and may result in removal from the team.
5. Student athletes with questions or concerns about their role on the team should address their concern(s) directly with the coach first, and parents/guardians are asked to help support the development of this self-advocacy skill.
6. On practice and game days, student athletes should arrive at school with all clothing and equipment necessary to participate in the team event. The office phone is not for calling home to request forgotten equipment or clothing.
7. Student athletes who participate in school sports should have fun doing so!

### ATHLETE AGREEMENT

<input type="checkbox"/> I read and agree to abide by the Code of Conduct of the school and the code outlined above. I understand that failure to abide by these guidelines may result in a discussion between me, my parent/guardian, and coach.		
<b>Athlete Name:</b>	<b>Athlete Signature:</b>	<b>Grade:</b>

### PARENT/GUARDIAN AGREEMENT

<input type="checkbox"/> I read and agree to support my child in abiding by the Code of Conduct of the school and the code outlined above. I understand that failure to abide by these guidelines may result in a discussion between myself, my child, and the coach with respect to further participation on this team.		
<input type="checkbox"/> As a spectator I will be respectful and encouraging to ALL athletes, coaches, officials and fellow spectators.		
<b>Spectator Name:</b>	<b>Spectator Signature:</b>	<b>Date:</b>



**CONCUSSION CODE OF CONDUCT FOR INTERSCHOOL SPORTS  
STUDENT ATHLETE & PARENT/GUARDIAN**

SCHOOL NAME: WILLIAMSBURG P.S. SCHOOL YEAR: 2022/23

STUDENT NAME: \_\_\_\_\_

The Durham District School Board is committed to providing safe environments for students to participate in sport. This is a shared responsibility including DDSB, student athletes and their parent(s)/guardian(s). As participants in interschool sports, student athletes and parent(s)/guardian(s) must be committed to:

**Maintaining a safe learning environment**

- Bring potential issues related to the safety of equipment and the facilities to the attention of the coach.
- Ensure the protective equipment that parents/guardians provide is properly fitted as per the manufacturer’s guidelines, in good working order, and suitable for personal use.

**Fair play and respect for all**

- Follow the school board’s fair play expectations and support it by demonstrating respect for all students, coaches, officials, and spectators.
- Demonstrate respect for teammates, opponents, officials, and spectators and to follow the rules of the sport and practice fair play.
- Not pressure participation in practices or games/competitions if injured.

**Learning and following the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions**

- Learn and follow the rules of the sport and follow the coach’s instructions about prohibited play
- Respect and accept the coach’s enforcement of consequences during practices and competition regarding prohibited play.
- Respect and accept the decisions of officials and the consequences for any prohibited play.

**Implementing the skills and strategies of an activity in a proper progression**

- Follow their coach’s instructions about the proper progression of skills and strategies of the sport.
- Ask questions and seek clarity regarding skills and strategies which they are unsure.

**Providing opportunities to discuss potential issues related to concussions**

- Participate in discussions/conversations related to concussions, including signs and symptoms, with the coach or caring adult.
- Talk to the coach/caring adult if there are any concerns about a suspected or diagnosed concussion or about safety in general.

**Concussion recognition and reporting**

- Read and become familiar with an approved Concussion Awareness Resource (Ministry of Ontario) identified by the school board
  - Student Athlete Ages 10 and Under - <https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-10-and-under>
  - Student Athlete Ages 11 – 14 - <https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-11-14>
  - Student Athlete Ages 15 and Up - <https://www.ontario.ca/page/ontario-government-concussion-awareness-resource-e-booklet-ages-15-and-up>



- Remove the athlete immediately from the sport if they receive a jarring impact to the head, face, neck, or elsewhere on the body that is observed by or reported to the coach, and:
  - As a student athlete and parent/guardian, we are aware that if an athlete has signs or symptoms of a suspected concussion they should be taken to a medical doctor or nurse practitioner for a diagnosis as soon as reasonably possible that day and report any results to appropriate school staff.
  - As a student athlete and parent/guardian, we are aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and in these cases athletes must stop all physical activities and be monitored at home and at school for the next 24 hours.
- If no signs or symptoms emerge after 24 hours, inform the appropriate school staff and resume participation.
- If signs or symptoms emerge, medical assessment needs to be done by a medical doctor or nurse practitioner as soon as reasonably appropriate that day and report the results to appropriate school staff.
- Inform the school principal, coach and/or other relevant school staff when a student athlete experiences signs or symptoms of a concussion, including when the suspected concussion occurs during participation in a sport outside of the school setting.
- Inform the school principal, coach and/or other relevant school staff any time a student athlete is diagnosed with a concussion by a medical doctor or nurse practitioner.
- Remove themselves from the sport and report to a coach or caring adult if they have signs or symptoms of a suspected concussion.
- Inform the coach or caring adult when they suspect a teammate may have sustained a concussion.

**Acknowledging the importance of communication between the student, parent/guardian, school staff, and any sport organization with which the student has registered**

- Communicate with the coach, school staff, and/or staff supervisor of all sport organizations with which the student athlete has registered about a suspected or diagnosed concussion or general safety issues.

**Supporting the implementation of a Return to School Plan for students with a concussion diagnosis**

- Understand that if a student athlete has a suspected or diagnosed concussion, they will not return to full participation, including practice or competition, until permitted to do so in accordance with the School Board's Return to School Plan.
- Understand that a student athlete must receive a Medical Clearance as required by the Return to School Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

**Prioritizing a student's return to learning as part of the Return to School Plan**

- Follow the recovery stages and learning strategies proposed by the collaborative team for my child as part of the Return to School Plan.

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I have read and understand all pages of this code of conduct.

Student Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

PARENTAL APPROVAL

SCHOOL: WILLIAMSBURG P.S. TELEPHONE: 905-668-6613

TEACHER: R. Winters / J. Cook / A. Schoonderbeek GRADE: \_\_\_\_\_

To parents and guardians: The purpose of this form is two fold –

1. To inform you of the nature of the program.
2. To seek your support and permission for your child to participate.

Date(s): Wed, Sept 28/22 Departure Time: meet there @ 3:30pm Return Time: leave when race is finished

Destination(s): Glen Dhu P.S. 29 Fallingbrook st. Whitby

Method of Travel: athletes arrange their own transportation

Financial Arrangements: Cost to be paid by students \$ N/A \* (deposits are non-refundable) \* cost covered in the \$5 fee.

Purpose of Trip: school cross country meet

Requirements: Lunch N/A Money N/A there may be snacks for sale (TBD)  
Other running shoes, water Clothing athletic, school shirt

**Note to Parents:** Prior to the visit, there will be classroom time devoted to establishing safety procedures. If your child has, or has had, any previous or current health problems which might affect his/her comfort or safety, would you please give full particulars in writing and telephone the teacher to discuss it. Students not achieving an acceptable level of conduct or behaviour may be excluded or withdrawn from an Out-of-Classroom/Co-Curricular Program.

Date: Sept 13/22

Signature - Teacher R. Winters

Signature - Principal [Signature]

Please check the appropriate box, sign and return this bottom section to school.

I hereby do give my permission

I DO NOT give my permission

for my child (name): \_\_\_\_\_  
to participate in: GLEN DHU MINIMEET - SEPT 28/22 (afterschool)

Parent/Guardian Telephone: \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Number: \_\_\_\_\_

OPTIONAL: Medical/Health problems: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Return this section ↓

PARENTAL APPROVAL

SCHOOL: WILLIAMSBURG P.S. TELEPHONE: 905-668-6613

TEACHER: R. Winters / J. Cook / A. Schoonderbeek GRADE: 3-8

To parents and guardians: The purpose of this form is two fold -

1. To inform you of the nature of the program.
2. To seek your support and permission for your child to participate.

Date(s): FRI, OCT 07/22 Departure Time: approx 10am Return Time: approx 2:15pm

Destination(s): TRAIL HUB - AREA MEET

Method of Travel: School Bus

Financial Arrangements: Cost to be paid by students \$ 5 (deposits are non-refundable)

Purpose of Trip: area cross country meet

Requirements: Lunch bring your own Money N/A

Other running shoes, water Clothing athletic, school shirt

Note to Parents: Prior to the visit, there will be classroom time devoted to establishing safety procedures. If your child has, or has had, any previous or current health problems which might affect his/her comfort or safety, would you please give full particulars in writing and telephone the teacher to discuss it. Students not achieving an acceptable level of conduct or behaviour may be excluded or withdrawn from an Out-of- Classroom/Co-Curricular Program.

Date: Sept 13/22  
Signature - Teacher J. Cook

Signature - Principal [Signature]

Please check the appropriate box, sign and return this bottom section to school.

↓ Return this section ↓

I hereby do give my permission

I DO NOT give my permission

for my child (name): \_\_\_\_\_

to participate in: TRAIL HUB AREA MEET - OCT. 07/22 11am-1:30pm

Parent/Guardian Telephone:

Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Number: \_\_\_\_\_

OPTIONAL: Medical/Heath problems: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_