

Continuing Education and UGDSB

S.T.R.O.N.G.

Parent & Student Information Package

Information Night · Monday, October 5th 5:00 pm - 5:30 pm

175 Dawson Road, Guelph, ON N1H 1A3

“Come find your S.T.R.O.N.G..”

S.T.R.O.N.G.

Continuing Education · Upper Grand District School Board

Dear Parents, Guardians and Students,

Welcome to S.T.R.O.N.G. We are excited to work with you this semester.

This program provides a practical foundation in martial arts and self-defense. Beyond physical techniques, training focuses on core mental attributes: composure under pressure, accountability, grit, and resilience through difficulty.

Much of what students build here is internal. True strength is quiet—it is the decision to push forward when it is tough and maintain discipline when no one is watching. While students join to learn martial arts skills, they leave with lasting confidence in their own capabilities.

Important dates

Waiver deadline	ASAP! (You cannot attend the first class without the signed waiver)
First class —	Wednesday, October 14 · 4:30 pm start to 7:00 pm
Where	Tri-City Training (175 Dawson Rd, Guelph, ON)

WAIVER: What to submit

Every item below must be completed and signed before your student can take part in a class.

- ☐ S.T.R.O.N.G. Training Code of Conduct — signed by student AND parent/guardian
- ☐ Informed Consent & Assumption of Risk — signed by student AND parent/guardian
- ☐ Concussion Code of Conduct (Rowan's Law) — signed by student AND parent/guardian
- ☐ Register online at www.tricitytraining.ca and - signed by student AND parent/guardian

The deadline — ASAP

Completed forms must reach the Continuing Education office at College Heights S.S. (371 College Ave. W., Guelph) or Mrs. McAlpine BEFORE the first class begins

If we do not have your forms by then, **your student will be removed from the class list and the spot will be offered to a student on the waitlist.** Spaces are limited and the waitlist is real, so please don't leave this to the last minute.

What students need for class

- Comfortable gym clothes

- A full water bottle
- Notebook & pen
- We train in bare feet, wrestling shoes, or grip socks
- No jewellery or watches. Fingernails and toenails short, long hair tied back.
- Please do not bring valuables to class
- If your student carries an inhaler or EpiPen, it comes to every class and we need to know where it is kept

Please arrive for class on time.

Questions

Please contact us at any time! We are looking forward to meeting you on October 5.

Amanda McAlpine

S.T.R.O.N.G. Instructor

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S.T.R.O.N.G. TRAINING

Code of Conduct

Continuing Education · Upper Grand District School Board

Etiquette — good manners and behaviour — is essential in a dojo (martial arts training room) and during martial arts training. Beyond the importance of treating our training partners with respect and using manners to be nice to people, etiquette establishes a safe place to train where practitioners can push their limits and excel.

Operating within the safety of a code of conduct allows martial artists to develop character and skill. It can be a matter of life or death. Injury — physical and emotional — can occur when this code of conduct is broken, and especially when it is broken because of a person's ego or horseplay. Etiquette provides a safe boundary for martial artists that allows practitioners to excel in every way.

As a student in the S.T.R.O.N.G. program, I choose to demonstrate exemplary character, good sportsmanship, and integrity. In the spirit of Bushido and martial arts training, which I take seriously, I will hold myself to a high standard. I will aim to demonstrate:

- ◆ **Respect — for myself, for others, and for the spaces we train in**
- ◆ **Good sportsmanship**
- ◆ **Integrity**
- ◆ **Dedication**

When making decisions in this course, I will ask myself: “Am I upholding these values and representing myself, my family and friends, and my school with integrity, dignity and respect?” If the answer is no, the decision is simple.

When I apply these expectations to other aspects of my life, I demonstrate openness to growth and character development. This includes social media interactions, my free time outside of school, and any other time I am communicating with or in contact with members of my community. I understand that the behaviour I display reflects not only on me, but on my coaches and on the people I care about. In this program, I expect that my behaviour will be exemplary — a model for others in my community.

I will endeavour to work hard on self-improvement.

The skills I learn here

Because of the seriousness of training in martial arts, I will not use the skills I learn to harm others or myself. The only exception is protecting myself or another person from immediate harm.

I will not practice these techniques outside of class, and I will not teach them to anyone — including friends, siblings, or teammates — unless an instructor asks me to. I will not use what I have learned unless I am under proper supervision.

I understand that failure to abide by this code may result in my immediate removal from this program.

General etiquette

- Maintain good personal hygiene, and come to class in clean training clothes.
- Always remove your shoes upon entering the dojo - wrestling shoes, grip socks, or bare feet for training
- Remove all jewellery, watches and similar items before training. Keep fingernails and toenails short, and tie back long hair.

- Arrive on time. Warming up is part of training safely
- Request permission before leaving the mat during class. Your instructors need to know where you are for safety
- I understand that I am required to attend a makeup class if I miss a class. For safety reasons, all 10 in-person classes are required. (You will be given information about make-up class session opportunities).

During class

- Always train safely. Protect yourself, and protect your training partner.
- Tap early when you need to. When your partner taps, release immediately — every time, without exception.
- Stop the moment an instructor says stop. Not after the technique. Immediately.
- Do not “test” others' ability to perform the techniques.
- Do not actively resist your partner's technique unless an instructor tells you to.
- No horseplay. Do not attempt techniques on anyone unless an instructor is supervising, and **do not step onto the mat unless an instructor is on it.**
- Tell an instructor if you are hurt or unwell, or if you think a training partner is. Never hide an injury to keep training.
- Address instructors as “Sensei” or “Coach” in the dojo.
- Always respect the in-class etiquette - bowing to demonstrate your acknowledgment of respect for the space.
- Never teach other students unless the instructor tells you to.

During class we provide just enough resistance to allow our training partners to practice the technique. Learning occurs most efficiently in an atmosphere of mutual cooperation.

Please refer to your “Martial Arts Etiquette” information in Google Classroom for further detail.

We fully understand the guidelines outlined in this Code of Conduct, and we accept the responsibility as outlined.

STUDENT — PRINT NAME	SIGNATURE	DATE
PARENT / GUARDIAN — PRINT NAME	SIGNATURE	DATE
COACH / INSTRUCTOR — PRINT NAME	SIGNATURE	DATE

Please contact me with any questions or concerns throughout the semester. I am looking forward to working with you.

Amanda McAlpine

S.T.R.O.N.G. Instructor

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INFORMED CONSENT/PERMISSION FORM FOR SCHOOL TEAMS /COURSE

Continuing Education is arranging
(Name of School)

S.T.R.O.N.G Martial Arts Program _ on
(Description of activity)

FALL 2026
(Date (s))

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT IF THE STUDENT IS UNDER 18 YEARS OF AGE.

ELEMENTS OF RISK:

School activities involve certain elements of risk. Injuries may occur while participating in these activities. The following includes, but is not limited to, examples of the types of injury which may result during an activity: fracture, laceration, sprain, strain, contusion, concussion, etc.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your student may be injured.

The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate, you must understand that you bear the responsibility for any injury that might occur. Please indicate if your student has been diagnosed as having any medical conditions and provide pertinent details.

If your student is presently diagnosed with a concussion by a medical doctor/nurse practitioner, that was sustained outside of school physical activity, the Concussion Passport must be completed before the student returns to physical education classes, DPA, intramural activities and interschool practices and competitions. Request the form from the school administrator.

The **Upper Grand District School Board** does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. All students participating in extra-curricular athletic activities are encouraged to have **Student Accident Insurance** made available by the school to parents at the beginning of the school year **or have private coverage** in effect. Student accident insurance is available all year, not just at the beginning of the school year. Parents can go to www.insuremykids.com to purchase the insurance.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____ (if student
under 18 years of age)

PERMISSION

I give _____ permission to participate in the activity described above.
(Name of Student)

Signature of Parent/Guardian _____ Date _____ (or
student if over 18 years of age)

This information is collected pursuant to the Board's responsibilities as set out in the Education Act. The information will be used for educational purposes and securely stored and retained in accordance with the Board's Records Management Policy. Questions about this collection should be directed to the principal. Revised July 2014. Form 505 Informed Consent for School Teams

Concussion Code of Conduct and Informed Consent for Student-Athletes and Parents/Guardians (505-3)

This document is required for all student-athletes participating in interschool (including District 4/10) sporting events. Parents/guardians of student-athletes under 18 years of age are to review and sign this document with their child.

As a student-athlete or parent for the 2025 - 2026 school year, I understand that:

- The risk of sustaining injury in sport can occur without any fault of myself, the school board and its staff, or the facility where the activity is taking place. By choosing to participate in sport, I am accepting the risk that I may be injured, resulting in a fracture, laceration, sprain, strain, contusion, concussion, etc.

I am committed to maintaining a safe learning environment. I will:

- bring any potential safety issues related to the equipment and facilities to the attention of the coach and wear the protective equipment for my sport properly

I am committed to fair play and respect for all. I will:

- show respect for my coaches, teammates, opponents, officials, spectators, and practice fair play • not participate, nor will I pressure injured teammates to participate, in practices or games or competitions if injured

I am committed to learning the rules of a physical activity. I will:

- learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions
- respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour
- respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion

I am committed to implementing the skills and strategies of an activity in a proper progression. I will:

- follow my coach's instructions about the proper progression of skills and strategies of the sport and seek clarity for any skills and strategies of which I am unsure

I am committed to concussion recognition and reporting. I will:

- talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general
- remove myself immediately from any sport and will tell the coach or trainer if I think I might have a concussion
- tell the coach or trainer immediately if I think a teammate might have a concussion • understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by the coach, that I will be immediately removed from the sport and: • am aware that when I have concussion signs or symptoms, I should go to a medical doctor or nurse practitioner to be diagnosed as soon as reasonably possible, and will report the results to appropriate school staff
 - am 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 I must stop physical

activity and be monitored for the next 24 hours

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- inform the appropriate school staff if no signs or symptoms appear after 24 hours, and then be allowed to participate in physical activity

I am committed to acknowledging the importance of communication between the student, parent, school staff and any sport organization with which the student is registered. I will: • communicate with my coaches, parent/guardian, school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues

I am committed to supporting the implementation of a Return to Learn/Return to Activity Plan for students with a concussion diagnosis. If diagnosed with a concussion, I understand that I will:

- have to follow the board's Return-to-Learn/Return to Activity Plan
- not be able to return to full participation, including practice or competition, until permitted to do so in accordance with the board's Return to Learn/Return to Activity Plan
- need medical clearance prior to returning to full participation in "non-contact" sports or returning to a practice that includes full contact in "contact sports"

I am committed to prioritizing a Return to Learn Plan for students with a concussion diagnosis.

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to Learn/Activity Plan.

The school board does not provide accidental death, disability, dismemberment or medical/dental expense insurance on behalf of students. If not required for a specific activity, all students are encouraged to have extended health and dental coverage, or Student Accident Insurance. Please find more information on Student Accident Insurance on your school board's website.

As mandated by Rowan's Law and board policy, every student-athlete is required to confirm they have reviewed the Concussion Code of Conduct above and a Government of Ontario Concussion Awareness Resource.

Concussion Awareness Resources (available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>)

- Ages 10 and under • Ages 11-14 • Ages 15 and over

By signing here, I acknowledge that I have fully reviewed a Rowan's Law Concussion Awareness Resource and commit to the board's Concussion Code of Conduct above, and that in participating on a sports team, I am assuming the risks associated with doing so.

Student-Athlete Name: _____

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Name (for student-athletes under 18): _____

Parent/Guardian Signature: _____ Date: _____

This information is collected under the authority of the *Education Act* and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected as part of the board's commitment to student safety and compliance with *Rowan's Law*. This form will be securely stored and retained in accordance with the board's records retention schedule. Questions about this collection should be directed to the school principal. May 2022

Please register for S.T.R.O.N.G. - ONLINE - at www.TriCityTraining.ca in order to be allowed to train in this space. This form acknowledges and confirms that you have signed the Tri-City Training online WAIVERS. There is no club fee to participate during this program.

ACKNOWLEDGEMENT & CONFIRMATION OF ONLINE REGISTRATION

MEMBER INFORMATION

TODAY'S DATE: (MM/DD/YYYY) ____ / ____ / ____

Student Name:		Date of Birth:	Age
Phone:		School:	
Do you have any Martial Arts Experience?	YES NO	Which Martial Art(s)/Rank?	
Have you joined Google Classroom?		Y / N	

EMERGENCY CONTACT:

Contact Name(s):	Phone Number(s):	Relationship:

☐ I/We have completed the Tri-City Training ONLINE APPLICATION and Tri-City Training Online informed consent, concussion protocols, release of liability, and training policies (www.TriCityTraining.ca)

☐ I agree to abide by the Covid Policy (View Covid Policy) ☐ I agree to the waivers, informed consent document, & release of liability (View terms and conditions)

APPLICANT SIGNATURE X	DATE
GUARDIAN SIGNATURE <i>If member is under 18 years old</i> X	DATE
WITNESS SIGNATURE X	DATE

All school consent forms and processes must be complete before you can participate in practice. Any questions, please feel free to contact your Instructor!