D.W. Poppy Secondary Redhawks Athletics

Dear Families:

Welcome back to another year of DW Poppy Athletics and thank you for your continued support. It was another strong year for Poppy athletics in 2025/2026. Several programs were offered, and many teams competed at the highest level the province had to offer. This year we saw our Wrestling program come back and stronger than ever with three medals at provincials, our Sr. Boys hockey came first, both our Jr and Sr golf teams placed third at EVAA's and our Gr. 8 Girls rugby team placed first in the EVAA's. There were many highlights and great achievements over the 2025/2026 athletic year, and we are eagerly anticipating another remarkable year of school sports here at DW Poppy!

Athletics in schools continue to be funded directly by the athletes who participate in them. While registration fees are funded in part by the Langley School District, the athletic fees paid by students pay for tournament registration fees, busing costs, referee costs, facility rental fees and maintenance, equipment costs, first aid supplies, uniform replacement, costs related to participation in Provincial tournaments, and other miscellaneous athletics costs. Athletic fees for the 2026/2027 school year are as follows:

Cross-Country, Track & Field, Curling and Badminton:	$100 per participant/per team
Ice Hockey	$175 per participant/per team
Golf	$250 per participant/per team
All Other Sports:	$140 per participant/per team
Uniform Fee:	$10 per participant/per team

We aim to keep costs associated with athletics as reasonable as possible. However, if these fees present a barrier to your student's participation, please visit www.kidsportcanada.ca to apply for funding. If this option is not successful, then please contact me to discuss the possibility of making other arrangements.

Please read the attached Athletic Code of Conduct & Parent-Spectator Code of Conduct. We have high expectations of our student athletes, as well as their families, and the values set out in the Codes of Conduct are meant to guide the choices and behaviour of all stakeholders involved in Redhawks Athletics. As well, please read the information provided on concussions and return to play protocols for athletes. In an increased effort to ensure player safety we are asking all parents and athletes to educate themselves on identifying concussions and ensuring safe return to play for injured athletes. Please fill in, sign, and return to your student's head coach the attached Medical form, the Permission form, and the Concussion Acknowledgement form.

I look forward to seeing you on the sidelines and in the stands, cheering on our Redhawks.

Sincerely,

Lee Ellis, Athletic Director
Lee.ellis@sd35.bc.ca

D.W. Poppy Secondary Redhawks Athletics

Athletic Code of Conduct

DW Poppy Athletics is proud to represent the Langley School District's core values of Community, Courage, Integrity, and Excellence. We expect that all participants and stakeholders in our athletics program uphold these values and adhere to the Athletic Code of Conduct.

In order for a student to be eligible to participate in an extra-curricular activity and represent DW Poppy, this form must be signed by the student, a parent or guardian, and the coach and/or teacher responsible for the activity in which the student wishes to participate.

A student involved in an extra-curricular activity represents the entire school. They must conduct themselves on and off the field (in or out of school) in a manner that always reflects the high standards and ideals of our school and our community. Therefore, the following standards are expected of a student who represents DW Poppy and the Langley School District.

Student Responsibilities:

A student will:

- Attend all classes, unless excused.
- Demonstrate they are making every effort possible to succeed in their courses.
- Not be allowed to participate in an extra-curricular activity on a day that they are truant or ill.
- Demonstrate initiative in completing assignments and tests that they have missed due to scheduled games and tournaments.
- Maintain a clear and open dialogue with teachers regarding their learning and schedule.
- Participate and be on time to all team practices and games, unless a coach or staff sponsor has been given at least on day of notice.
- Commit to their team until the end of the season of play.

Student Code of Ethics:

A student will:

- Treat opponents and others with respect.
- Play and work hard, but within the rules of the game.
- Exercise self-discipline at all times.
- Respect the decisions of officials without gesture or argument.
- Win with humility and lose with dignity.
- Treat teachers and classmates with respect.

Consequences for Student Violations:

1. When playing a sport, you are making a commitment to yourself, your school and most importantly your team. All participants are to fulfill this commitment for the entire season. Athletes that decide to quit a team during a season of play must talk with the coach and the athletic director. *If the reason for quitting is unacceptable then that student will not be permitted to participate on any other team in that given year.*
2. Athletes that violate the academic eligibility requirements will meet with the teacher, coach, and athletic director and together determine the appropriate course of action. Possible solutions are:
    - Missing assignments must be completed before student can continue to participate on the team.
    - A contract could be written to outline an individual student-athlete's specific academic eligibility requirements.
    - Suspension from a team.
    - Expulsion from a team.
3. Athletes that violate the school's Code of Conduct could face the following consequences:

- Based on the severity or regularity of the violation, the athlete will meet with the coach, athletic director, and an administrative representative to determine the appropriate course of action.
- Possible solutions are:
  - A behavior contact outlining an individual student-athlete's specific requirements to enable the student to continue.
  - One-game suspension.
  - Multiple game suspensions from a team.
  - Expulsion from a team.

Appeals:
Each appeal will be decided on a case-by-case basis.

By signing below, I understand the above expectations and agree to represent my self, team, and school by adhering to these standards.

Student's Signature_____ Parent or Guardian Signature_____

Coach's Signature_____

D.W. Poppy Secondary School has a zero-tolerance policy for bullying, harassment, and discrimination.

D.W. Poppy Secondary Redhawks Athletics

Parent-Spectator Code of Conduct

DW Poppy is committed to ensuring that all athletes have the opportunity to participate in a safe and enjoyable environment that is encouraging to all, enabling athletes to achieve personal best performances, and promoting overall development of sport. We recognize that families play an integral role in this development of athletes and as such, all spectators are expected to conduct themselves in a manner which supports the values of our school program and encourages the development of all athletes on and off the competition area.

D.W. Poppy Secondary School has a zero-tolerance policy for bullying, harassment, and discrimination.

Keep it positive:

- Remember that your child plays sport for their enjoyment.
- Cheer for **all** athletes in a positive manner, modeling good sportsmanship and fair play.
- Encourage your child to play by the rules and to resolve conflicts without resorting to hostility or violence
- Teach your child that doing one's best is as important as winning, so that your child will never feel defeated by the outcome of their play.
- Focus on providing praise for competing fairly and trying hard, rather than emphasizing the outcome of the game or event.
- Remember that children learn best by example. Applaud good plays and performances by both your child's team and their opponents. Show respect and courtesy for all including, officials, volunteers, other spectators, and opposing athletes and coaches.
- Support all efforts to remove verbal and physical abuse from youth sporting events.
- Respect and show appreciation for volunteer coaches who give their time to provide sport activities for your child
- Thank officials after each event, and ensure your student does the same. A handshake or fist bump goes a long way in the promotion of good sportsmanship.
- Share these expectations with any family and friends who will be spectators at your student's game. All spectators are expected to follow this Code of Conduct.

Please do not:

- Demean, ridicule or yell at your child, or any other athlete, for making a mistake or losing a competition
- Question the official or coach's judgement or honesty in public, or during a game or event. Avoid using foul language and do not harass athletes, coaches, officials or other spectators.
- Coach from the sidelines. Leave the coaching to the designated coaches and respect the coaches and their authority during games. Take the time to speak calmly and reasonably with coaches after the game or at an agreed upon time and place.

Communication of Concerns:

There may be situations that require conversations between families. These conversations are important as they help all parties to understand each other's position however, to promote a positive resolution, please follow these guidelines:

- Parent or guardian makes an appointment to have a meeting with the coach at a later date – **do not attempt to confront a coach before or after a game or practice**. Try to **wait 24 hours** before reaching out to the coach to set up a meeting.
    - Athletes should attend this meeting as they are often central to the concerns being discussed
- If the concern requires discussion beyond an initial meeting, contact the Athletic Director to arrange a conference. A meeting will be arranged with the coach, athlete, family member and Athletic Director. At this meeting, positive next steps will be determined.

Thank you for your continued support of the student-athletes
and DW Poppy Athletics.

D.W. Poppy Secondary Redhawks Athletics

Medical form

CONTACT INFORMATION					
Student name				Student grade	
Student address			Student birthdate	m m / d d / y y y y	
Contact 1 name & Relationship to Student		Contact 1 e-mail			
Contact 1 home phone		Contact 1 mobile		Contact 1 work phone	
Contact 2 name & Relationship to Student		Contact e-mail			
Contact 2 home phone		Contact 2 mobile		Contact 2 work phone	
Emergency contact name					
Emerg. contact home phone		Emerg. contact mobile		Emerg. contact work phone	
Family doctor name			Family doctor phone		
Student Care Card number					

Please note any health problems, emotional difficulty, behaviour problem, or other factors which may impact participation in this program (use back of sheet if necessary):

_____

_____

Describe any previous injury which would require special first aid treatment should another injury occur:

_____

_____

Has the student been immunized for diptheria, pertussis & tetanus; polio; and measles, mumps & rubella? (circle) Yes No If no, please explain:

_____

Contact Lenses: (circle) Yes NoMay the first aid person give Tylenol or ibuprofen if requested? (circle) Yes No

Child is subject to (check all that apply):

( ) asthma	( ) ear ache	( ) fainting	( ) tonsillitis	( ) eye infection	( ) seizures
( ) sensitive skin	( ) sinus problems	( ) nightmares	( ) bronchitis	( ) hypertension	( ) nosebleeds
( ) headache	( ) bed wetting	( ) kidney problems	( ) dizziness	( ) frequent colds	( ) dislocations
( ) motion sickness	( ) sprains	( ) pulled muscles	( ) sleep walking	( ) allergies: _____	
( ) other (describe): _____					

Medications: All medicines should be clearly labeled with the child's name and the information below. All medications must be controlled and in the possession of the first aider (except for allergies). Use back of form if additional space is needed to list medications.

Name of medicine: _____

Used for: _____

Given how: _____

Quantity & times: _____

In case of emergency, I hereby give permission to the physician selected by the supervisor(s) to provide necessary treatment for my child.

Parent/Guardian Signature: _____ Date: _____

D.W. Poppy Secondary Redhawks Athletics

Permission form

(Please return by _____)

Dear _____ and Mr. Ellis, Athletic Director.

I have been informed about the proposed _____ season. I request that my child _____ participate in the season of play, including away games, tournaments, and regional and/or provincial playoffs and championships.

I understand there is a $_____ cost for participating on the team. I also understand that there may be an additional cost (outside of the Athletic Fee) associated with any out-of-town tournaments, as well as uniform pieces/equipment of a personal nature.

I hereby give my permission to allow _____ to participate on the _____ team for this school season. The following statement must be signed by the parent/guardian for students participating in school athletics:

I understand my child will sometimes be outside the usual confines of the school and that all due care will be taken for the safety of my child. I also agree to the above code of conduct and will support the school in enforcing these policies, and all school and district policies. I understand that although every precaution will be taken to protect my child, certain hazards do prevail when participating in athletic competition.

Furthermore, I, the undersigned parent or guardian, and the undersigned student-athlete have read, understood, and agree to the DW Poppy Athlete Code of Conduct and the DW Poppy Parent-Spectator Code of Conduct found in this registration package. Also, both my student and I understand that the Langley School District Pupil Discipline Policy applies on all field trips, including athletic trips. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their family's expense.

I further authorize and understand that my child will be transported by district bus or licensed carrier; SD35 staff drivers; and/or private parent drivers. Students driving other students to sporting events is not recommended and will only be considered on a case-by-case basis.

I am aware and understand that participation in Athletics involves certain inherent risks, dangers and hazards (included, but not limited to, COVID -19 and/or coronavirus) which may result in serious personal injury or death or other loss or damage to property. I am aware that the above-named activity can be dangerous and that in addition to the usual risks inherent in these activities certain additional dangers and risks including, but not limited to, varying weather, encounters with wildlife, falls, exposure to the elements amongst other exist.

PARENT/GUARDIAN WAIVER OF LIABILITY: I agree that in consideration of School District No. 35 offering my student _____ an opportunity to participate in athletics, I waive any and all claims I may have, and release from all liability and agree not to sue the Board of Trustees of School District No. 35 and its officers, employees, agents, volunteers and representatives, for any personal injury, death, property damage, or loss as a result of or arising from my child's participation in athletics, arising out of any cause whatsoever, including negligence. I understand that this waives my right to sue on my own behalf, and the right for myself or a guardian ad litem to sue on my child's behalf. I understand that during athletics, the Student may incur additional unforeseen financial expenses required for reasons of safety and I agree to waive and reimburse for any and all claims against the Board, its employees and agents for any such expenses that are reasonably required. Both my student and I understand that the Langley School District, Pupil Discipline Policy applies during all athletics activities. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their family's expense.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Name: _____

Student Signature: _____

Date: _____

A FACT SHEET FOR

High School Parents

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your teens from concussion or other serious brain injury.

What is a concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How can I help keep my teens safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - > Work with their coach to teach ways to lower the chances of getting a concussion.
  - > Emphasize the importance of reporting concussions and taking time to recover from one.
  - > Ensure that they follow their coach's rules for safety and the rules of the sport.
  - > Tell your teens that you expect them to practice good sportsmanship at all time.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

Talk with your teens about concussion.
Tell them to report their concussion symptoms to you and their coach right away.

How can I spot a possible concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs observed by parents

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets an instruction or assignment

Symptoms reported by teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry or double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty concentrating or remembering
- Just not "feeling right" or "feeling down"

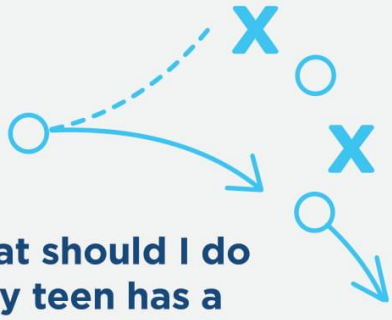
CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

Although most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities. **Be sure to offer support during their recovery and allow them to stay connected with friends and others.**

What are some more serious danger signs to look out for?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body, and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if after a bump, blow, or jolt to the head or body he or she has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



What should I do if my teen has a possible concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

Revised August 2019

To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

6-Step Return to Play Progression for Athletes

It is important for an athlete's parent(s) and coach(es) to watch for concussion symptoms after each day's return to play progression activity. It is important to monitor symptoms and cognitive function carefully during each increase of exertion. **Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level**. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the previous step during which symptoms were experienced.

Step 1: Back to regular activities (such as school)
Athlete is back to their regular activities (such as school).

Step 2: Light aerobic activity
Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

Step 3: Moderate activity
Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 4: Heavy, non-contact activity
Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & full contact
Young athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition
Young athlete may return to competition.

The Return to Play Progression process is best conducted through a team approach and by a health professional who knows the athlete's physical abilities and endurance. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. It may take several weeks to months to work through the entire 5-step progression.

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

D.W. Poppy Secondary Redhawks Athletics

Concussion Acknowledgement

I _____, the parent/guardian of _____ hereby acknowledge
(Parent/guardian name) *(student-athlete name)*

that we have received and read the information in a registration packet provided by DW Poppy Secondary School regarding the nature and risks of concussions and other head injuries, the risk of premature participation in athletic activities after receiving a concussion or other head injury, the importance of obtaining a medical evaluation of a suspected concussion or other head injury and the importance of receiving treatment when necessary. We further acknowledge that DW Poppy Secondary reserves the right to make all final determinations on return to play after medical clearance is received.

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Student-Athlete Signature: _____

Student-Athlete Name: _____

VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION

School: DW Poppy Secondary

Dear Volunteer Driver:
Thank you for volunteering to drive students. Your assistance is much appreciated. The responsibilities in regards to transportation of students can be found in Administrative Procedure 562 Transportation of Students Travel for Field Trips and Extracurricular Trips. To protect our children and you as a driver, we ask that you complete the following. You will need to provide the school a copy of your **driver's license**, **driver's abstract** (https://onlinebusiness.icbc.com/clio/) and your current **Autoplan Insurance Policy** (https://www.icbc.com/insurance/buy-renew-cancel/print-insurance-documents**)**, the policy must include a **minimum $2 million liability** insurance.

Name: _____

Address: _____

Driver's License Number:_____ Class:_____ Expiry: _____

Years of Infraction-free Driving Experience: _____

Vehicle Make:_____ Model:_____ Year: _____

Vehicle License Number: _____

Seating Capacity:_____

I hereby affirm that I have never been convicted of impaired driving or any other criminal driving offense. If I have a serious traffic violation after providing my driver's abstract, I will inform the school principal and withdraw as a volunteer driver. I acknowledge the requirement that all vehicle occupants must use seat belts. I affirm that I will operate the vehicle in a safe and legal manner.

_____ _____
Date Signature of Driver

Parent Permission for Student Driver:
I, the undersigned parent or legal guardian of the student listed below, request that my son/daughter be allowed to drive themselves to games during the upcoming athletic season and if required under extenuating circumstances to be allowed to drive up to **one** other student. This restriction does not apply to immediate family members.

_____ _____
Student Driver Name Signature of Parent/Legal Guardian

School Administration Approval:

☐ Copy of Driver's License

☐ Copy of Driver's Abstract - https://onlinebusiness.icbc.com/clio/ (Confirm no recent serious traffic violations)

☐ Copy of Insurance Coverage – Please provide both pages of insurance. (Confirm min $2M Liability Ins.) https://www.icbc.com/insurance/buy-renew-cancel/print-insurance-documents

_____ _____
Signature of Principal Date