






Postsecondary institution (e.g., apprenticeship training, college, university)

Other (please specify): \_\_\_\_\_

What is the **maximum number of people that can be accommodated** at your location? *Note: If your location can accommodate more than 1,000 people, please select 1,000.*

0 100 200 300 400 500 600 700 800 900 1000

Maximum Capacity	
------------------	--

Is your location accessible to persons with disabilities?

- Yes
- No

Please provide details regarding accessibility at your location.

---

---

---

---

---

Please provide a summary of the types of activities and/or programs offered when schools visit your location(s).

---

---

---

---

---

---

Please note that Out of School Activity Providers **must provide a minimum of \$2 million Commercial General Liability Insurance, with DPCDSB as additional named insured.** If this policy is cancelled, the new insurance must be provided to DPCDSB. A new policy will be provided on renewal or request. **Failure to provide proof of valid insurance will revoke your approval. Please upload a copy of your Certificate of Insurance or Proof of Insurance here.**

[\*Upload File Here\*](#)

Display this question:

*If Does your facility offer any of the following? Check all that apply. != None of these*

Please upload your TSSA (for zip lines) or annual inspection document (all other apparatus).

Failure to provide this documentation will revoke your approval.

Note **only one file may be uploaded per box**. Merging PDF files into one file is acceptable for DPCDSB review, or up to three upload boxes have been provided for submission of documents if needed.

[Upload File Here](#)

---

Please upload any safety documents relevant to your activities (e.g., TSSA or inspections).

Note **only one file may be uploaded per box**. Merging PDF files into one file is acceptable for DPCDSB review, or up to three upload boxes have been provided for submission of documents if needed.

[Upload File Here](#)

---

Please upload additional documentation as needed.

[Upload File Here](#)

---

Please upload additional documentation as needed.

[Upload File Here](#)

---

Does your organization offer any activities that are included in the Ontario Physical and Health Education Association (OPHEA) Guidelines?

Yes

No

---

Display this question:

If Does your organization offer any activities that are included in the Ontario Physical and Health... =  
Yes

Please confirm that you are aware of and compliant with Ontario Physical Activity Safety Standards in Education (OPHEA Guidelines).

I am aware and my organization is compliant with OPHEA Guidelines.

Display this question:

If Does your organization offer any activities that are included in the Ontario Physical and Health... =  
Yes

Please sign in the space below to confirm you are aware of and compliant with Ontario Physical Activity Safety Standards in Education (OPHEA Guidelines) if offering any activities included in the OPHEA Guidelines.

[Sign Here](#)

Please be advised that DPCDSB uses an internal elements of risk consent form and **does not permit the use of external risk waivers for staff or students.**

I understand, agree, and confirm:

No external risk waiver can be presented to staff, students, or parents and guardians for signature.

Any waiver presented or signed will be deemed null and void.

I have the authority to bind my organization.

Please sign to confirm your understanding, agreement, and confirmation of the above points.

[Sign Here](#)

