



**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)**



CROSS COUNTRY 2018

To the Parent(s)/Guardian(s) of: _____ Grade: _____
Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it. If this form is not signed and returned to the school by **Mon, Sept. 17th, 2018** your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: **Wed, Sept. 19th OLPH Run @ MacArthur Island, Wed, Sept. 26th RLC Elementary in Barnhartville, Tues, October 2nd Arthur Stevenson Run @ Westsyde Centennial Park, Wed, October 10th District Finals @ Dallas Elementary**
ALL MEETS BEGIN AT 3:15PM
SERIES OF OFF-SITE ACTIVITIES (Specify program): **Elementary Athletics Program**
PURPOSE OR EDUCATIONAL GOAL(S): **Cross Country Competitive Running Events**
METHOD OF TRANSPORTATION: **SAA School Bus to event; parents pick up child after each race at host location**
LEAD TEACHER: **Mr. Pearce** TOTAL NO. OF SUPERVISORS PLANNED: **2-3**
SUPERVISORY ARRANGEMENTS: **Mr. Pearce/Mrs. Mayne** Email: **dpearce@st-anns.ca jmayne@st-anns.ca**
COST TO THE STUDENT: **\$15.00 with the Athletic Policy** WHAT TO BRING: **St. Ann's gym strip, runners, water, snack**
OTHER CONSIDERATIONS: **Parents are required to pick-up students immediately following the run from the host location. Teachers will not be available to provide supervision for late pick-ups.**

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:
a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
b. The students are adequately supervised over all aspects of the program/activity.
c. The location(s) used are appropriate and safe for the activity(ies) and group.
d. Equipment used has been inspected and deemed appropriate and safe.
e. A Safety Plan is in place to identify and manage known potential risks.
f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: **Athletic injuries, dehydration**

Additional Comments/Requirements: **Please bring a healthy lunch the day of the meet and eat a good breakfast, drink extra water throughout the day and the day before.**



CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: **Cross Country** Dates: **Wed, Sept 19th, Wed, Sept 26th, Tues, Oct 2nd, and Wed, Oct 10th, 2018**
1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,
(Name of Student) _____ **(Date of Birth)** _____ has my permission to participate.
Date: _____ **Parent Name (Please print):** _____
Signature: _____
Parent/Guardian Contact Phone Numbers: Day _____ Evening _____
Email address: _____

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.

CROSS COUNTRY 2018
Please include \$15 fee
Cheques payable to St. Ann's Academy