

OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip) SAA ELEMENTARY SWIM TEAM 2023



Date: Name (Please print):	Signature:
(Name of Student)	(Date of Birth) has my permission to participat
 hazards, including information beyond that provided to I freely and voluntarily assume the risks/hazards inhere child may suffer personal and potentially serious injury My child has been informed that he/she is to abide by t school's and/or service provider's administrators, instruiction. In the event my child fails to abide by these rules and reparticipation, or that I be contacted to have him/her pic I acknowledge that it is my responsibility to advise the may affect his/her participation in the stated program or active 	as I require about this program or activity and associated risks and me by the school or board. ent in the program/activity and understand and acknowledge that my arising from his/her participation. the rules and regulations, including directions and instructions from the actors, and supervisors over all phases of the program/activity. regulations, disciplinary action may require his/her exclusion from further liked up, unless I have specified other transport arrangements. Lead Teacher of any medical and/or health concerns of my child that livity. Insport to emergency medical services as they deem necessary for my financially responsible for such services.
	ETURN BOTTOM SLIP ONLY
Additional Comments/Requirements:	
POTENTIAL KNOWN RISKS Potential known risks include the following: INJURIES RE	LATED TO SWIMMING (drowning, head injuries, muscle strains.)
d. Equipment used has been inspected and deemed apple. A Safety Plan is in place to identify and manage know f. An Emergency Plan is in place to deal with an injury of the control o	n potential risks.
The board will make every reasonable effort to ensure or at a. The staff, volunteers and/or service providers involved b. The students are adequately supervised over all aspec. The location(s) used are appropriate and safe for the	d are suitably trained and qualified. ects of the program/activity. activity(ies) and group.
BOARD RESPONSIBILITIES	
SUPERVISORY ARRANGEMENTS: Mrs. Jill Blower & Cost to the student: 0 What to bring: Swim su	
LEAD TEACHER: Mrs. Jill Blower TOTAL NO. OF SUPER	
	rivers BY: Arrangements to be made in advance by parents
ITINERARY/ACTIVITIES: swimming lengths, deep end d	
SERIES OF OFF-SITE ACTIVITIES (Specify program): <u>Sw</u> PURPOSE OR EDUCATIONAL GOAL(S): <u>Healthy Living</u>	rimming lengths/training in the deep end of the Canada Games poo (Physical Activity)
DESTINATION/ACTIVITY: <u>Swim club @ T.C.C.</u> DATE(S) TIME: <u>3:15 - 4:00pm (please arrange for prompt pick-up</u>	
PROGRAM/ACTIVITY INFORMATION	· · · · · · · · · · · · · · · · · · ·
Teacher BEFORE signing it.	ement of Risk form. Clarify any questions or concerns with the Lead uary 24, 2023, your child WILL NOT BE ALLOWED TO ATTEND.
To the Parent(s)/Guardian(s) of:	Grade: 4-7

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.