

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)
SAA ELEMENTARY SWIM TEAM 2024**



To the Parent(s)/Guardian(s) of: _____ Grade: 4-7

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 **January 31, 2024**, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: **Swim club @ T.C.C.** DATE(S): **Mondays Feb. through April (see scheduled Mondays)**
TIME: **3:15 - 4:00pm (please arrange for prompt pick-up no later than 4:10 pm)**

SERIES OF OFF-SITE ACTIVITIES (Specify program): **Swimming lengths/training in the deep end of the Canada Games pool**
PURPOSE OR EDUCATIONAL GOAL(S): **Healthy Living (Physical Activity)**

ITINERARY/ACTIVITIES: **swimming lengths, deep end diving**

METHOD OF TRANSPORTATION: **Car-pooling/parent drivers** BY: **Arrangements to be made in advance by parents**

LEAD TEACHER: **Mrs. Jill Blower** TOTAL NO. OF SUPERVISORS PLANNED: **2 plus lifeguards on duty**

SUPERVISORY ARRANGEMENTS: **Mrs. Blower & Mrs. Ossenbrink (coach) & Catherine (coach) & Canada Games Lifeguards**

COST TO THE STUDENT: 0 WHAT TO BRING: **Swim suit, towel, goggles, swim cap (provided by SAPA)**

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- 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: **INJURIES RELATED TO SWIMMING (drowning, head injuries, muscle strains.)**

Additional Comments/Requirements:



PLEASE CUT OFF AND RETURN BOTTOM SLIP ONLY

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: **Canada Games Pool @ the TCC** Dates: **Mondays Feb.- April (see parent note for dates)**

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ (Date of Birth) _____ has my permission to participate

Date: _____ Name (Please print): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____ **SWIM TEAM 2024**

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.