



# St. Albert

## PUBLIC SCHOOLS

### FIELD TRIPS STUDENT PARTICIPATION CONSENT FORM

#### APPENDIX I

#### *PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION*

Student Name: \_\_\_\_\_

This form must be returned by (mm/dd/yy): ASAP

School: Sir George Simpson Teacher: Mr. Wolter

Grade or Program: FIT 7A, 8A, 9A Date: All year activities

Activity or Event: Curling at the St. Albert Curling Club

**Description of the Proposed Educational Activity(ies) or Event(s):**

Students will attend the following activities throughout the year:

Golf, Curling, Hot/Suspension Yoga, Swimming/Water Polo, Skiing/Snowboarding, Goodlife Fitness, Biking, Climbing, Tennis and Zorb Ball.

**Arrangement for Supervision:** Mr. Wolter and Volunteers

**Proposed Itinerary (including method of transportation):**

Students will be made aware of the finer details (date, time, what to bring, etc) as the trips approach.

**Student Health or Medical Conditions (of which we should be aware):**

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**Cost to Student (if any):** \$included in school fees

***The charge for the field trip is calculated to be as close to break-even as practical. If any residual amounts remain they will be spent on FIT activities at the school.***

1. I/we acknowledge that:
  - there may be inherent physical risks involved with this activity,
  - despite reasonable precautions, accidents can occur and the student identified below could possibly sustain personal or physical injury through his or her participation,
  - the Board, its employees, or agents will not be held liable for any damage or injury that may occur during this activity except where such damage or injury occurs as a result of the negligence of the Board, its employees or agents.
2. I/we am/are aware that insurance coverage for the student is primarily the responsibility of the parent or guardian.
3. I/we will inform the organizers of this activity of all pertinent health concerns and physical conditions regarding the student named below.
4. I/we am/are aware that, as applicable, an alternate “in-school” learning activity will be provided for students not accompanying the group on this activity.
5. I/We have read and understand the physical activities information above and hereby release St. Albert Public Schools from any claims by me/us in regard to this activity except in those circumstances where the board, its employees, or agents are negligent. I/we give consent and permission for \_\_\_\_\_  
(student’s name) to participate in the learning activity described.

**Signature of Parent(s) or Guardian(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent or Guardian Contact Information:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**An Alternate Emergency Contact is:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_