



Sacred Heart School K-9

4419 52 Avenue, Wetaskiwin
AB, Canada T9A 2X7
780-352-5533

Local Field Trip Parent Permission Letter

Field Trip Activity GYMNASTICS
Location/ Destination Wetaskiwin & District Gymnastics Club 4520-48th Avenue, Wetaskiwin, AB 780.352.3681

Field Trip Details

Grade 3 Classes will be attending the gymnastics club on Thursdays, February 27, March 5, 12, and 19 either at 9:30 AM or 1:30 PM. Please make sure they have appropriate and comfortable clothing for gymnastics on these days. No jeans, buttons or zippers.

Date of Field Trip	Start: <u>Feb 27, 2020</u>	Time of Departure	<u>Feb.27,Mar.12 - 1pm Mar. 5, 19 - 9:15am</u>
	End: <u>Mar 19, 2020</u>	Time of Departure from Venue	<u>Feb.27,Mar.12 - 2:25pm and Mar. 5, 19 - 10:40am</u>
		Time of Return	<u>Feb. 27, Mar. 12 - 2:30pm and Mar. 5, 19 -10:45am</u>
Cost	\$25.00 Cash, Checks payable to Sacred Heart School or Cash online		

Integration of the events and activities with Program of Studies / Educational Value

Physical Education

Grades Attending	<u>Grade 3</u>
Number of Attending Students	<u>22</u>
Number of Attending Teachers	<u>1</u>
Number of Non-Teaching School Staff	<u>1</u>
Number of Attending Volunteers	<u>0</u>

Lead Teacher and Contact Mrs. Cristina Ambrosio

Attending Teachers, Supervisors and Volunteers

Home room teacher and EA from the class.

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation walking

Clothing Required

Must have sweat/stretchy pants and t-shirt.
Stretchy clothing with no buttons or jewelry.

Risks - Inherent, special or unusual risks associated with the field trip

The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks also include catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

Injuries from executing strenuous and demanding, physical techniques.

Injuries from collisions with the wall and any gymnastics apparatus or falls to the floor or mat.



Injuries from physical contact with other participants.

Injuries resulting from failure to properly use any of the gymnastic apparatus or mechanical failure of the apparatus.

All manner of injuries and/or death which may result in the transportation to and from the facility.

Date Submitted for Approval Jan 17, 2020

Signatures

<u></u>	<u>Karen Ballhom</u>	<u>Jan. 17/20</u>
Principal (Signature)	Print Name	Date
<u></u>	<u>Cristina Apubrasa</u>	<u>Jan 17/20</u>
Lead Teacher (Signature)	Print Name	Date

Sacred Heart School K-9
PARENTAL CONSENT

** Please complete
this form and
return.*

Parental Consent and Total Costs (if applicable) due by: Feb 18,2020

Student Name _____ Grade _____

Field Trip Activity GYMNASTICS Start Date Feb 27,2020 End Date Mar 19,2020

Location Wetaskiwin & District Gymnastics Club 4520-48th Avenue, Wetaskiwin, AB 780.352.3681

Method of Transportation walking

Please Indicate your fieldtrip payment method:

SchoolCash Online \$ _____ Cheque # _____ Cash \$ _____

Additional Information / Explanation

MEDICAL CONDITION

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

Students Name

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), (NAME OF STUDENT HERE) _____ is to act in accordance of the School Act, District policy and rules as to student conduct. St. Thomas Aquinas Roman Catholic Separate Regional Division #38 does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

I understand that St. Thomas Aquinas Roman Catholic Separate Regional Division #38 assumes no financial liability to the students and/or their parents/guardians should the board cancel or interrupt an approved student trip / excursion for any reason whatsoever. I understand no parents/guardians shall be reimbursed for the loss of any field trip monies if the field trip/excursion is cancelled or interrupted. This includes any form of deposit. However, a parent shall be reimbursed field trip/excursion monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip/excursion, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances. I further understand that, in all instances, the board reserves, in full, the right to make any cancellation or interruptions it deems fit.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and/or travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

I understand and accept the above and provide the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 with the following waiver of liability and RELEASE AND INDEMNIFICATION AGREEMENT. I hereby release the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 and its' staff and agents from any and all liability for any injury sustained regardless of how caused, resulting from participation in the aforementioned field trip/excursion.

We need this info

My child will attend the event: _____
Alberta Health Care Card Number: _____
Emergency Parent Contact: _____
Emergency Parent Phone Number: _____

My child will NOT attend the event: _____

Parent Signature: _____ Date: _____

Parent signature is required regardless if the child is attending the event or not. This form is REQUIRED to be returned to school.

If you are experiencing financial difficulties please contact the principal in confidence.

Sign & date

** Please complete this form and return.*

NOTIFICATION AND ASSUMPTION OF RISK, CONSENT TO FIRST AID TREATMENT, AND RELEASE OF LIABILITY AND WAIVER OF CLAIMS

<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Gender</i>
<i>Address</i>		<i>City</i>	<i>Province</i>
<i>Postal Code</i>	<i>Parent/Guardian Name</i>	<i>Telephone</i>	
<i>Emergency Contact</i>		<i>Emergency Contact Telephone</i>	
<i>Class Name</i>	<i>Class Day</i>	<i>Class Time</i>	

Club Name: PRECISION GYMNASTICS ASSOCIATION (the "Gymnastics Club").
[Club to enter full legal name and trade name]

Gymnastics Club's Programs are defined and include all multiple gymnastics related activities, including, but not limited to, the following:

- Recreational / General Gymnastics;
- Kids Can Move;
- Women's and Men's Artistic;
- Trampoline and Tumbling;
- Acrobatics;
- Birthday Parties;
- Drop-in Sessions;
- Cheerleading; as per AGF guidelines
- Urban Gymnastics (Parkour) and Circus Training; as per AGF guidelines
- General acrobatics and fitness; and
- Similar activities.

(Hereinafter collectively referred to as the "ACTIVITIES").

DESCRIPTION OF RISKS:

I am aware that the **ACTIVITIES** involve inherent risks, dangers and hazards, both known and unknown, that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. I understand that similar risks are also inherent in using equipment associated with the ACTIVITIES, and any other devices, apparatus or attractions present at the facility. I understand the risk of negligence on the part of the Gymnastics Club and its employees, volunteers and representatives, including the failure on the part of same to take reasonable steps to safeguard or protect the participants from the risks, dangers and hazards, both known and unknown, of participating in the ACTIVITIES. **I acknowledge that personal harm or injury may be sustained during my/my child's involvement in the ACTIVITIES, including, but not limited to, broken bones, head / neck injuries, concussion, dislocations, tendon and ligament damage (including sprains), damage to teeth and dental work, spinal injuries (that could result in various degrees of paralysis), and death. I acknowledge and assume the potential risks and consent to my/my child's participation in the ACTIVITIES.**

CONSENT TO PARTICIPATION:

- I/my child have/has been informed that I/he/she is to abide by the rules and regulations including directions and instructions from the administrators, instructors, coaches, and supervisors as imposed on me/my child while participating in the ACTIVITIES.
- In the event that I/my child fails to abide by the rules and regulations imposed on me/my child while participating in the ACTIVITIES, disciplinary action may either require that I/he/she not participate in the ACTIVITIES, or that I will leave/be contacted to have my child picked up or transported home at my own expense.
- I acknowledge that I/my child am/is in good health, and in proper physical condition to participate in the ACTIVITIES, and I acknowledge it is my responsibility to notify the staff of any physical or mental concerns for me/my child which may affect my/my child's participation in the ACTIVITIES.
- I acknowledge that the ACTIVITIES may require an instructor, coach, employee or supervisor to perform some manual spotting which involves direct physical contact with me/my child and designed to assist the participant in the safe performance of the program skills, and I consent to same.

Date: _____

RELEASE OF LIABILITY AND WAIVER OF CLAIMS:

I confirm that I have read the above description of risks and understand the risks involved in participating in the Gymnastics Club's program and ACTIVITIES. I confirm that I voluntarily and freely accept all such risks and choose to participate/allow my child to participate in the Gymnastics Club's program and ACTIVITIES. I accept full responsibility for my own/my child's actions.

In consideration of being allowed to participate in the Gymnastics Club's program and ACTIVITIES, I hereby agree as follows:

To waive any and all claims that I have or may have in the future against, and to release and discharge from any and all liability, the Gymnastics Club, it's directors, officers, employees, consultants, agents, contractors, volunteers, and representatives, and their respective successors and assigns, or any of them in connection with or participation in the Gymnastics Club's program and ACTIVITIES (collectively, the "Releasees"), for any and all of the following:

- Personal injury;
- Death;
- Property damage; and/or
- Any other loss, damage or expense,

arising from any cause whatsoever, including negligence (including, but not limited to, negligence caused by my own actions or inactions, those of others participating in the ACTIVITIES, the conditions in which the ACTIVITIES take place, or negligence of the Releasees), breach of contract, or breach of any statutory duty or other duty of care, on the part of the Releasees, and further including the failure on the part of the Releasees to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of participating in the Gymnastics Club's program and ACTIVITIES. I further agree to indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost which any may incur as a result of a claim, brought by myself or anyone on by behalf, against any of the Releasees.

AUTHORIZATION OF FIRST AID IN CASE OF EMERGENCY AND INDEMNIFICATION OF COSTS:

I hereby authorize basic first aid to be delivered to me/my child by the Gymnastics Club's staff or other authorities. By administering first aid when required or requested, the Gymnastics Club in no way warrants or assumes any liability in relation to the administration of such basic first aid.

I further understand and agree that, in the case of an emergency, the Gymnastics Club assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse the Gymnastics Club for any such costs or expenses that it incurs.

I confirm and agree that this Notification and Assumption of Risk, Consent to First Aid Treatment, and Release of Liability and Waiver of Claims shall be governed by the laws of the Province of Alberta. I confirm and agree that if any portion of this Notification and Assumption of Risk, Consent to First Aid Treatment, and Release of Liability and Waiver of Claims is found to be void and unenforceable, the balance, notwithstanding, shall continue in full force and effect.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST THIS GYMNASTICS CLUB INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

Signed this _____ day of _____, 20____ at _____

Signature of Participant (if over 18 years of age)

Signature of Witness

Signature of Parent of Guardian (as named above)

Signature of Witness

Date: _____