



OCDSB 122: Parental Consent for Trip Participation

RETAIN THIS PAGE (PAGE 1) FOR YOUR INFORMATION. PLEASE SIGN AND RETURN THE ATTACHED PAGE (PAGE 2).

School: <u>A.Y. Jackson Secondary School</u>	Lead Trip Supervisor/Teacher: Shelly Kirk Joel Graham
Date of Field Trip: <u>Oct.24, 2023</u>	Rain Date: <u>Oct.26, 2023</u>
Class/Subject Area: Phys-ed Classes and HAL Team	Activity: Resolute Ninja Obstacle Rideau Gymnastic
Risk Associated with the Activity: Medium Risk Instructors present at gym to guide students. Activities for all levels of abilities. *Please see section below for risks.	Educational Purpose of Field Trip: Offer new activity to promote physical literacy (strength, coordination, muscular endurance, etc.), social interactions, challenges, and FUN!
Departure	Return
Time: Transportation Depart AY 12:10pm - Walking details:	Time: Transportation Return to AY 3:10pm - Walking details:
To: <u>Resolute Center - 150 Katimavik Rd. Kanata</u>	Place: <u>AYJ - 150 Abbeyhill Dr. Kanata</u>
In case of late return or other inquiries	
Contact Name: <u>AYJ Main Office</u> Contact Phone: <u>613-836-2527</u>	
Cost per Student: \$ <u>15</u> is due by: <u>Oct.24</u>	
Requirements for Field Trip Participants:	
Lunch/Snack: <u>snack and waterbottle</u>	
Special Clothing/Equipment: <u>phys-ed clothing and INDOOR running shoes</u>	
Other: <u>Raincoat/umbrella, warm clothing if applicable - walking rain or shine</u>	

Principal Signature: _____

Date: _____

Oct 5, 2023

Risks Associated with Activity:

*I understand that gymnastics, trampoline, tumbling, cheerleading, fitness, dance, and similar activities come with inherent risks, which may include *but not limited to, physical contact, friction burns, nose bleeds, dental damages, death, paralysis, fractures, strains, sprains, head injuries, concussions*, property damage, and related expenses. These risks encompass areas such as the parking lot, entrance, viewing area, change rooms, washrooms, offices, and gymnasium, as well as storage areas within Rideau Gymnastics. I confirm that I have read and understood the description of risks associated with participating in Rideau Gymnastics programs, not only on my behalf but also on behalf of my family. I voluntarily allow my child to participate. I accept full responsibility for my child's actions.

TO PARENT OR GUARDIAN: THIS IS AN IMPORTANT FORM.
SELECT YES OR NO, COMPLETE, SIGN, AND RETURN THE FORM TO THE SCHOOL.

Teacher: _____
Class Code: _____

Payment Method:
_Online (**Preferred**) _Cash _Cheque

Practice and game schedule
is attached

YES I give permission

NO I DO NOT give permission

to the Ottawa-Carleton District School Board for the following student to participate in the field
trip activity (description): Resolute Ninja Obstacle Rideau Gymnastic

Scheduled to take place on or about (date): Oct.24, 2023

Name of Student: _____ Cost per Student: \$ 15

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Medical Information:

Indicate any medical information or dietary restrictions that the supervising teacher needs to know.

Medical Consent: Should it become necessary for my child/ward to receive medical care, I hereby
authorize the teacher to use his/her best judgement in obtaining such care. I/we understand that any
costs will be my/our responsibility. I also understand that in the case of accident or illness I will be
notified as soon as possible.

Elements of Risk: Any out of school activities may involve certain elements of risk. Injuries may
occur while participating in the activities related to this field trip. The chance of injury can occur
without any fault of the student, the school board, its employees/agents or the facility where the
activity is taking place. I/we understand that any costs will be my/our responsibility as the OCDSB
does not provide accident insurance coverage for student injuries that occur during school activities.

ACKNOWLEDGEMENT:

**I have received, read, and understand all of the above, and give, or do not give, as
indicated above, permission for my child/ward to participate in this activity.**

Signature of Parent/Guardian: _____

Date: _____

I wish to volunteer for this trip:	YES <input type="radio"/>	NO <input type="radio"/>
Name: _____	Phone: _____	

*Personal information on this form is collected under the authority of sections 58.5(1) and 265(d) of the
Education Act, R.S.O. 1990, c.E2, as amended, and in accordance with section 29(2) of the Municipal
Freedom of Information and Protection of Privacy Act. It will be used for the purpose of managing student
learning and well-being. Questions about this collection should be directed to the school principal.*