



**Please Read Carefully**

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

**My child will be given the opportunity to participate in the following activity:**

***GATE Grade 4 Sleepover***

School: Louis Riel School

Purpose of Trip: Curriculum – Alberta: The Land, Histories & Stories

Destination: Louis Riel School

Dates: April 16-17

Teachers in Charge: Mr deBoer & Mrs Armitage

**The Board will make commercially reasonable efforts to ascertain that:**

1. Supervisors and staff are fully trained and qualified
2. Students who undertake the program or activities will be adequately supervised
3. Location meet the applicable health and safety standards
4. Equipment used in the activities has been inspected and deemed to be appropriate, safe and well maintained

**Consent & Acknowledgement of Risk**

The activities that the students will participate will be no different than the daily activities that a regular day of school would involve.

|  |  |
| --- | --- |
| Activity | Risk/Hazard (Cause of Injury) |
| Entire Trip(gym games, moving throughout the building) | -Slips and falls-Getting Separated from the group-Pre-existing medical conditions |
| Eating | -Choking-Allergies |

**Terms and Conditions:**

* I freely and voluntarily assume the risks and hazards in the nature of the activity and understand that my child, as a participant, may suffer personal and potentially serious injury, illness or death due to unforeseeable or fortuitous event.
* My child will has been informed the he/she is to abide by the rules and regulations including directions and instructions from the CBE teacher. This shall include his/her participation in all introductory sessions and meeting all prerequisites prior to his/her participation in the activity.
* In the event that my child fails to abide by the rules and regulations imposed on the students while participating in the activity, that the CBE Teachers may determine that he/she not participate in the program or activity and may require the parents to pick-up their child.
* I acknowledge that it is my responsibility to advise the CBE of any medical or health concerns of my child which may affect his/her participation in the stated program.
* Consent that the CBE may secure such medical advice and services as the CBE, in its sole discretion, may deem necessary for my child’s health and safety, and I shall be financially responsible for such advice and services.
* Based upon my understanding of the activity and the hazards identified above, I give my child permission to participate in this activity.
* I have read and understood the information package provided by the school about this activity and I have discussed the risk and expectations of the activity with my child and have confidence that my child has understood them.

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

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

Parent /Guardian Name (print) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER!?!?**

If you are able to VOLUNTEER please complete the following portion:

\_\_\_\_\_ I have a current Criminal Record Check and am cleared to volunteer for school events.

\_\_\_\_\_ I am a risk taker and would love to sleepover for the whole night!

\_\_\_\_\_ I would love to be the breakfast team leader and organize the feeding of 47 people Friday morning!

\_\_\_\_\_ I would love to join the Breakfast Team and help out with the preparation of breakfast on Friday morning!