



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

Pee Wee Girls Volleyball

To the Parent(s)/Guardian(s) of: _____ Grade: _____ Homeroom: _____

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 November 7th your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: Various Elementary Schools. Students will depart at 2:30 p.m. and will be dismissed at the host school site once the game has ended (approximately 3:45 p.m.)

DATE(S): Games will be played on Tuesdays after school starting the week of November 14th until the week of January 16th. Practices will be held on Mondays before school (8:00 a.m.) starting Monday, November 7th. The schedule for the dates and game sites will be sent home as soon as it is available.

SERIES OF OFF-SITE ACTIVITIES (Specify program):

PURPOSE OR EDUCATIONAL GOAL(S): **Volleyball skills/team work/social skills**

ITINERARY/ACTIVITIES:

METHOD OF TRANSPORTATION: **Parent Volunteer Drivers**

LEAD TEACHER: **Mme. Dominique Veraart** TOTAL NO. OF SUPERVISORS PLANNED: 1

SUPERVISORY ARRANGEMENTS: **Ms. Leslie will coach the team.**

COST TO THE STUDENT: **N/A**

WHAT TO BRING: **Students should come dressed appropriately for each practice and game. Shorts, running shoes and knee pads (if available).**

OTHER CONSIDERATIONS: **Also attached is a copy of the Nanaimo School District Parent Guidelines for your review and signature.**

BOARD RESPONSIBILITIES

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

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. 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 vehicle crashes en route to and from activity area;
- Becoming lost or separated from the group or the group becoming split up;
- Injuries related to slips, trips and falls;
- Foot, knee or other leg injuries (eg blisters, sprains, strains; acute or overuse injuries/conditions);
- Allergic reactions to natural toxins in the environment;
- Other risks normally associated with participation in the activity.

Additional Comments/Requirements:

**Ecole Hammond Bay – Permission Form
Pee Wee Girls Volleyball**

If this form is not signed and returned to the school by November 7th, your child
WILL NOT BE ALLOWED TO ATTEND

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: Pee Wee Girls Volleyball

Dates: Games will be played on Tuesdays after school starting the week of November 14th until the week of January 16th. Practices will be held on Mondays before school (8:00 a.m.) starting Monday, November 7th. The schedule for the dates and game sites will be sent home as soon as it is available.

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. **BOOSTER SEATS:** ___ My child is over 9 years of age OR over 4'9" – NO BOOSTER SEAT IS REQUIRED OR ___ My child is over 18kg/40 lbs AND under 4'9" – BOOSTER SEAT REQUIRED. My child will bring a portable booster seat that does not require installation into the driver's vehicle.
8. 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 _____

___ Yes, I am able to provide volunteer transportation. All drivers are responsible for complying with all child restraint requirements. My vehicle has _____ places/seats that meet the criteria for safe placement of booster seats. I have filled out a Volunteer Driver's Application which is on file at the school.