

**School District #73 (Kamloops/Thompson)**  
**LOWER RISK FIELD TRIP**  
**INFORMATION & CONSENT FORM**

(Principal's approval: [Signature])  
(Please return by: JAN. 28/22)

**Program Information**

**Activity: Sportball!**

**Instructor(s): Marvin Mercado**

**Location: Savona Elementary**

**Program Date(s): Tuesday: Feb. 1, 8, 15, 22, Mar. 1, 8, 15**

**Time (s): 2:30- 4:30pm Dismissal: 4:30pm**

\*Please make every attempt to have your child participate everyday for the duration of the program term.

**Overview Itinerary for the Field Trip Program:**

Sportball is a 7- week after school sports program that aims to increase physical literacy in participants. The program will include a variety of activities and games related to fundamental movement skills, soccer, hockey, baseball, and golf. Throughout the program participants will also play a number of fun warm-up games and team-building activities. The program also aims to create a sense of camaraderie amongst participants, to encourage healthy lifestyles, and inspire excitement toward physical fitness in turn boosting participants' self confidence.

**The After School Sports and Arts Initiative in SD 73 engages youth by providing opportunities to explore physical literacies and fosters self-expression and creativity in the arts. At the same time, students develop confidence in their abilities and a stronger connection to their school, classmates, program leaders and the community. Our programs engage youth by creating inclusive and supportive environments where positive relationships are formed with the intention of promoting life-long activity for enjoyment and health.**

\*This permission form must be returned for your child's participation, written notes or phone calls are not acceptable.  
\*This form is given to our ASSAI staff and must be filled in in its entirety.

I have read and am informed about the proposed After School Program taking place at the **Savona Elementary School Gym** on : **Tuesday: Feb. 1, 8, 15, 22, Mar. 1, 8, 15**

I request that my child \_\_\_\_\_ participate in this program.

I, the undersigned parent or guardian of the above named student, request that my son/daughter be allowed to participate in the event described above. Both my son/daughter and I understand that Board Policy #240 "Student Behaviour -- Discipline" applies on all field trips. The use of alcohol or drugs and or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

**Participant Information**

Child's Legal LAST Name: \_\_\_\_\_ First name: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies or Dietary Restrictions: \_\_\_\_\_

List any medical conditions or medications the child is taking: \_\_\_\_\_

\*Please supply the school with: Family Physician, Care Card Number and Emergency Numbers if they are not already on file.

## Contact Information

Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ : Secondary Phone: \_\_\_\_\_  
Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ : Secondary Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Custody Info: \_\_\_\_\_

## Emergency Authorization and Pick Up Information



### Emergency Authorization:

In the unlikely event that the participant named above is injured or becomes seriously ill while with this program, and I cannot be reached, I authorize the staff to seek and authorize any and all hospitalization, medical, dental, and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with this program, it is agreed that the providers and staff and volunteers are released from all liability for injury to the above named participant or for loss or damage to personal property.

Signature of Guardian: \_\_\_\_\_

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

*Please note that without a guardian signature, your child cannot be admitted into this program*



### Pick Up Information:

**Please check one of the following:**

I will allow my child to **walk home** at the end of each program day (for children grades 4 – 7 or family groups only)

OR

I or a designated adult will **pick up** my child at the end of the program. **Please list names and contact numbers for designated adults** who have permission to pick up your child:

Signature of Guardian: \_\_\_\_\_

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

*Your child will NOT be released to anyone not listed above without prior written or verbal consent*

## Parental Consent Form - Media Release

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

In accordance with the Freedom of Information and Protection of Privacy Act, School district #73 (Kamloops-Thompson) requires consent to use personal information for purposes unrelated to the education programs.

1. There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings or to plan school related activities. To contact you for these purposes, we need consent for the disclosure of your name, home address and telephone number to School District Personnel, Parent Advisory Councils or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

**Yes, I give consent** for release of my home address and telephone number for purposes consistent with the above

**No, I do not permit** the release of my home address and telephone number for purposes consistent with the above

2. It is tradition in our School District to allow school staff, district staff and the media to photograph or videotape individual students and groups of students to commemorate events and to promote various educational, sports and are not required for educational purposes. As such, consent for the release of your child's name, photograph and comments is required. Student's names, photographs and comments may be published in the school newsletter, and on occasions, in the School District Calendar, annual report or in the news media.

**Yes, I give my consent** for publication of my child's name, photograph, and comments for purposes consistent with the above.

**No, I do not permit** the publication of my child's name, photograph, and comments for the purposes consistent with the above.