

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

(Principal's approval: [Signature])

(Please return by: JAN. 16/23)

Activity: Sportball!

Instructors: Marvin Mercado

Location: Savona Gym

Program Date (s): Tuesdays Jan 17, 24, 31, Feb 7, 14, 21, 28, Mar 7, 2023

Time (s): 2:41 - 4:30 PM

Dismissal: 4:30 PM

Overview Itinerary for the Field Trip Program:

SPORTBALL is a multi-sport program that teaches fundamental movement skills that are developmentally appropriate and allow children to develop at their own pace and encourages them to work towards skills mastery so that they can enjoy healthy active play for life. In this 8-week after school sports program, students will have the opportunity to focus on two sports of the group's choosing, from soccer, hockey, basketball, golf, football, rugby, volleyball or tennis. The program will include a variety of activities and games related to fundamental movement skills. Throughout the program, participants will also play a number of fun warm-up games and team-building activities. All participants will get the opportunity to learn and practice sports skills, socialize and make friends! This program is free of charge and a healthy snack will be supplied.

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.**

I have read and am informed about the proposed After School Program taking place at the **Savona Elementary School Gym** on: **Tuesdays Jan 17, 24, 31, Feb 7, 14, 21, 28, Mar 7, 2023.**

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.

***This form is given to our ASSAI staff and must be filled in in its entirety.**

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.

Parent/Guardian signature

Date