

The Board of Education of School District #83 (N. Okanagan -Shuswap)

EXPLORATION RISK CONSENT FORM

School: SHUSWAP MIDDLE SCHOOL

Telephone No: 832 - 6031

Purpose of Trip: SMS HOCKEY EXPLORATION – On Ice RISK AWARENESS

Destination: Shaw Center Arena

Destination Address: 2600, 10th Ave NE, Salmon Arm

Destination Phone #: 250 832 -4044

Departure Date: Tuesdays/ Thursdays

Departure Time: Tues/Thurs 7:45- 8:45am

Expected Time of Return: Tues/Thurs 9:20am @ SMS

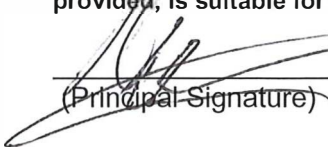
<input type="checkbox"/>	School Bus
<input type="checkbox"/>	Private Vehicle
<input type="checkbox"/>	Other: (specify)

On this field trip, we will be: (describe the activity and physical environment)

Students will be engaged in controlled on ice skills and activities that encourage skill development in skating, puck handling, passing, shooting, hockey sense, and checking. Students will also learn offensive and defensive tactical play on ice as well. Safety precautions are addressed before each session and each activity where applicable. Please be aware the potential for injury is always greater in an on ice sport that involves speed, quickness, and checking such as hockey. This is a non-contact hockey exploration, so hitting and body contact is not permitted. Students are taught how to angle and check in this exploration and accidental contact arises in these situations. Coaches and coaching staffs have knowledge and experience in concussion protocol and injury recognition to assist players if an injury shall occur. By signing this form you are giving your child consent to participate in the on ice portion of the exploration and acknowledging the potential risk involved in an ice hockey sport. North Okanagan-Shuswap School District No. 83 does not provide accident insurance coverage for student injuries that occur on school premises or during off-site school activities. Please look at the following link to a third party school accidental insurance coverage from *Insure My Kids*. It is recommended you look into the accidental coverage plans but again it is optional for families. Insure My Kids: <https://insuremykids.com/our-plans/compare-plans/>

This trip will be supervised by: Mr. Gecse

Please be aware that accidents can be the result of the nature of the activity and can occur with or without any fault on either part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity you are accepting the risk of an accident occurring, and agree that this activity, as described on the "Field Trip Consent Form" and any other information provided, is suitable for your child. Please call if you have any questions.



 (Principal Signature)

DEREK GECSE

 (Sponsor teacher – please print)

Name of Student: _____

Yes I have read the above information about the planned exploration and give my consent for my child to participate. I understand that my child may be exposed to certain risks while participating in these activities. Accidents and injuries may occur.

Signature of Parent/Guardian: _____

Print Parent/Guardian Name: _____

Home/Cell Phone No. _____ Work/Cell Phone No. _____

PLEASE RETURN THIS FORM BY: Monday September 13th, 2021