

SCHOOL DISTRICT #83 (NORTH OKANAGAN-SHUSWAP)

FIELD TRIP CONSENT FORM

School: Shuswap Middle School
Purpose of Trip: Active Living/ Skiing or Snowboarding
Destination: Revelstoke Mountain Resort
Destination Address: 2950 Camozzi Rd, Revelstoke BC, V0E 2S1
Destination Phone #: (250) 814 - 0087
Departure Date: Wednesday Jan 22nd, Friday Feb 14th
Departure Time: 6:45 am
Expected Time of Return: 4:00 -4:30 pm

Telephone No: 832-6031

Form with checkboxes for School Bus (checked), Private Vehicle, and Other: (specify)

This is an optional fieldtrip. If your child does not participate, alternative activities will be provided at school. There is a fee of \$110.00 to cover expenses. It is our hope that all students will be able to take advantage of this opportunity and that no student will be prevented from attending because of the cost. If you have any questions about the activities planned, please contact your child's teacher

On this field trip, we will be: (describe the activity and physical environment) Receiving lessons & skiing or snowboarding with a certified guide in an ability level group.

This trip will be supervised by: Mrs Woodhurst, Mr. Gecse & Gr.8 teachers

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, including travel to & from, 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 field trip 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.
Yes Where I have authorized my child to travel by Private Vehicle, I am aware that the driver is responsible for meeting all motor vehicle code requirements, including booster seats where applicable. I agree that the board of Education shall not be held liable for failure of the driver to meet the requirements of the Motor Vehicle Code.
No I do not wish my child to accompany his/her class on this trip. Please arrange alternate supervision.

Signature of Parent/Guardian:

Print Parent/Guardian Name:

Home Phone No. Work Phone No.

- Yes I am available to drive for this Field Trip.
Yes I have completed the School Use of Private Vehicle form on the back of this page.

PLEASE RETURN THIS FORM BY: Friday, Jan 10th, 2020