

FIELD TRIP CONSENT FORM

School: SHUSWAP MIDDLE SCHOOL
Purpose of Trip: FLAG rugby games
Destination: See Schedule
Destination Address: See Schedule
Destination Phone #: See Schedule
Departure Date: See Schedule
Departure Time: See Schedule
Expected Time of Return: See Schedule

Telephone No: 832 - 6031

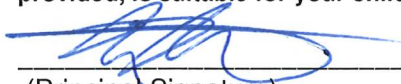
<input type="checkbox"/>	<u>School Bus</u>
<input checked="" type="checkbox"/>	<u>Private Vehicle</u>
<input type="checkbox"/>	<u>Other: (specify)</u>

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

Grade 6/7/8 students will be playing some FLAG rugby games verses Ranchero gr6-8 teams and S.Canoe Gr 6-8 teams. Students are taught the Flag game of rugby. By signing this form you giving your child to play in Flag rugby supervised and officiated rugby games. Injuries may occur and are apart of any competitive sport environment. Injuries are less likely to happen in a non contact sport verses contact sports. Coaches and staff are trained in protocols to manage sport related injuries and concussions.

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 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.
- 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/Cell Phone No. _____ Work/Cell Phone No. _____

PLEASE NOTE
Students and parents are responsible for arranging transportation to and from practices and games. Any parent driving other children than their own must have an RCMP Criminal Record Check and proper SD83 documentation completed.

PLEASE RETURN THIS FORM BY: Monday April 15, 2024