

SCHOOL DISTRICT #83 (NORTH OKANAGAN-SHUSWAP)

FIELD TRIP CONSENT FORM

School: SHUSWAP MIDDLE SCHOOL  
Purpose of Trip: skiing/snowboarding  
Destination: SilverStar  
Destination Address: SilverStar -22km northeast on Silverstar Rd  
Destination Phone #: SilverStar/ 1 800 663 4431  
Departure Date: Tues Jan 30, Tues Feb 6, Fri Feb 23  
Departure Time: 7:30 am  
Expected Time of Return: 4:15 pm

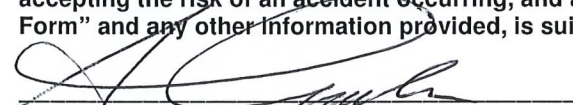
Telephone No: 832-6031

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

**On this field trip, we will be:** (describe the activity and physical environment) Skiing/ snowboarding. We will be leaving from Little Mtn Field parking lot at 7:30am. It is across the road (30<sup>th</sup>Street) from the school. Please arrive early at 7:15am to check in and get equipment loaded.

**This trip will be supervised by:** Mr. Gecse, Adult Chaperones

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.

Signature of Parent/Guardian: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

YES I am able to help as a leader/chaperone. (requires Criminal Record Check for SD83)

YES I am able to help TRANSPORT EQUIPMENT for our group.

PLEASE RETURN THIS FORM  
BY: ~~Fri Jan 19<sup>th</sup>~~ 2024

*Tues Jan. 9<sup>th</sup>*