



FATHER LEONARD VAN TIGHEM, OMI, SCHOOL

25 Stoney Crescent West
Lethbridge, Alberta T1K 6V5
(403) 381-0953 · Fax: (403) 381-0906

Shannon Collier, Principal
Justin Molas & Laurie Campmans, Associate Principals



May 13th, 2024

Dear Students and Parents,

On **TUESDAY, JUNE 18th** the grade 7 teachers have planned a Grade 7 Sports Day field trip to Legacy Park. A basic itinerary can be found below:

- Buses leave FLVT for Legacy Park at 12:30 PM
- Buses arrive at Legacy Park at 12:45 PM and Sports Day activities will begin.
- Buses leave Legacy Park to return to FLVT at 3:15

While on the trip, students will participate in a variety of Sports Day activities. There will also be some free time for students to have some free time at the park where the spray park, basketball courts, pickleball courts, tennis courts, and playground equipment will be available. The cost of the trip is **\$5.00** which covers the students' transportation to and from Legacy Park along with snacks and prizes for students.

On the day of the trip, please have your child dress appropriately, wearing running shoes, a hat, sunglasses, along with sunscreen, water, and bug spray. Please have your child bring a swimsuit and towel as change rooms are available for the spray park. We encourage parents to come along on the trip as chaperones, as 4 are required for our large group. There will be no charge for chaperones, however you may be helping out to run some of the Sports Day activities.

If you would like your son/daughter to take part in this activity on Tuesday, June 18th, **THE ATTACHED FORM MUST BE FILLED OUT AND RETURNED WITH THE \$5.00 FEE PAID NO LATER THAN MONDAY, JUNE 10th**, as arrangements need to be made in advance of our arrival date. Thank-you and if you have any questions feel free to contact one of us at the school at 403-381-0953.

Sincerely,

Mrs. Johnson, Mr. Meyer, Ms. Giannetti, and Ms. Tkach

I hereby authorize _____ (student) in _____ (homeroom) to attend the **GRADE 7 SPORTS DAY AT LEGACY PARK**, and I understand and consent to the transportation by bus. I also give consent for supervisors to seek medical treatment if necessary. The supervisors will make every effort to contact parents regarding any emergency as soon as possible. I also give permission to make changes in arrangements for student pick-up from the above activities if necessary.

Parent/Guardian Name (please print)

Signature of Parent/Guardian

Date

Emergency Contact

Phone Number

Relationship

The **\$5.00** fee for the trip has been paid: ☐ **School Cash Online (preferred)** ☐ **Cash**

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.) and a list of medication that my child must take and any special instructions regarding medication storage and administration:

Are you interested in being a chaperone on the trip?

☐ **YES**

☐ **NO**

If yes, please provide the following information so we can contact you and confirm a spot is available for you on the bus:

Name: _____ Contact #: _____

NOTE: Contact your child's homeroom teacher to ensure you are one of the chaperone's that will be attending the trip.

"Many Hands Building A Better World"

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The Holy Spirit Roman Catholic Separate School Division

Informed Consent Form –

INFORMED CONSENT AND

ASSUMPTION OF RISK AGREEMENT (to be executed by parents / guardians of Individual (Child) who is under the age of majority)

By signing this document, you will assume certain risks and responsibilities, please read carefully.

Individual (Child)'s Name: _____ School Name: _____

Location: _____ Start/Departure Time: _____

Grade/Class: _____ End/Return Time: _____

Teacher/Supervisor in Charge: _____ Date: _____

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As an Individual participating in programs, classes, and events sponsored or organised¹ by The Holy Spirit Roman Catholic Separate School Division and its schools (collectively the "School Division"), the activities can include but are not limited to: _____ (collectively the "Activities"), the undersigned, being the Individual and Individual's Parent/Guardian (collectively the "Parties"), acknowledge and agree to the terms outlined in this agreement.
2. I am the Parent / Guardian of the Individual and have full legal responsibility for the decisions of the Individual.

Parent/Guardian's Name: _____ Phone Number: _____

Description of Risks

3. The Individual is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards that they may be exposed to, which include, but are not limited to:
 - A. Contracting COVID-19 or any other contagious disease;
 - B. Extreme weather conditions;
 - C. Travel to and from events which are an integral part of the Activities.

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- D. Negligence of other persons, including other spectators, Individuals, or employees;
- E. Privacy breaches, hacking, technology malfunction or damage of the information collected;

Activity 1 - _____

- A. _____
- B. _____

Activity 2 - _____

- A. _____
- B. _____

- 4. The Parties understand and acknowledge that:
 - A. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, and in rare occurrences, permanent disability, paralysis and loss of life;
 - B. The School Division has a difficult task to ensure safety and it is not infallible. The School Division may be unaware of the Individual's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction;
- 5. In consideration of the School Division allowing the Individual to participate in the Activities, the Parties agree:
 - A. That the Individual's mental and physical condition is appropriate to participate in the Activities;
 - B. That when the Individual practices or trains, the Parties are responsible for the Individual's surroundings and the location and equipment that is selected for the Individual;
 - C. To comply with the rules and regulations for participation in the Activities including the Safety Guidelines for Physical Activity in Alberta Schools as enforced by the RESPONSIBLE PERSON in their club / team / cohort;
 - D. To a rescheduling of the Activities, should unforeseen circumstances affect the viability of these Activities;
 - E. To comply with the rules of the facility or equipment;
 - F. That if the Individual observes an unusual significant hazard or risk, the Individual will remove themselves from participation and bring such to the attention of a School Division representative immediately;

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- G. The risks associated with the Activities are increased when the Individual's abilities are compromised, for any reason, including, but not limited to fatigue, muscle strain, compromised vision, minor injury and the Individual agrees not to participate if impaired in any way;
 - H. That it is the Individual's sole responsibility to assess whether any Activities are too difficult for the Individual. By the Individual commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity;
 - I. That the Parties acknowledge that they have considered and disclosed to the School Division all physical or mental health conditions, allergies, intolerances, and any other risks associated with these conditions, that could potentially affect the Individual's ability to safely participate in the Activities. Permission for the Individual to participate in the Activities is therefore based upon belief that the Individual does not have any intolerances, allergies, or health conditions that have not been disclosed, and could affect the Individual's ability to safely participate in the Activities.
6. In consideration of the School Division allowing the Individual to participate, the Parties agree:
- A. That the Parties are not relying on any oral or written statements made by the School Division or their agents, whether in a brochure or advertisement or in individual conversations, to agree to be involved in the Activities; and
 - B. That the School Division is not responsible or liable for any damage to the Individual's vehicle, property, or equipment that may occur as a result of the Activities

1. General

7. The Parties expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement

8. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

Name of Individual (print)

Signature of Individual

Date

(For students 18 years of age or older)

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Name of Parent / Guardian
(print)

Signature of Parent / Guardian
(For students under 18 years old)

Date

The information collected on this form is being collected pursuant to the Education Act (Student Record Regulation), the Freedom of Information and Protection of Privacy (FOIP) Act, and Section 23 of the Canadian Charter of Rights and Freedoms. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or The Holy Spirit Roman Catholic Separate School Division's FOIP Coordinator, 402-327-9555