



# PERMISSION FORM



<b>TRIP:</b>	TRACK AND FIELD	<b>DESTINATION Address:</b>	GRIMSBY SECONDARY SCHOOL
<b>DATE of Trip:</b>	MAY 1, 2018 (RAINDATE MAY 2, 2018)	<b>TEACHER in Charge:</b>	Mr. Nelson
<b>DEPARTURE TIME from SCHOOL:</b>	8:45 A.M.	<b>Anticipated RETURN TIME TO SCHOOL:</b>	2:15 P.M.
<b>COST TO STUDENT:</b>	N/A		
<p>PLEASE CONSIDER signing up for School Cash Online! <a href="http://dsbn.org/schoolcash/">http://dsbn.org/schoolcash/</a></p> <p>With School Cash Online, you can make payments for school initiatives with your Credit Card, eCheque or Interac using the device most convenient for you.</p>			
<b>TRANSPORTATION MODE</b>	Check One <input checked="" type="checkbox"/> BUS <input type="checkbox"/> TAXI <input type="checkbox"/> CAR <input type="checkbox"/> WALK		
<b>Parent Supervision Required</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>ADDITIONAL NOTES</b>	Please refer to attached letter for more information.	<b>PRINCIPAL SIGNATURE</b>	

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**Please complete bottom portion, cut off, sign and return to your child's homeroom teacher by MONDAY, April 23**

<b>STUDENT NAME:</b>		<b>HOMEROOM TEACHER:</b>	
<b>TRIP:</b>	TRACK AND FIELD @ GSS	<b>DATE OF TRIP:</b>	MAY 1, 2018 (RAINDATE MAY 2, 2018)
<b>PERMISSION</b>	<input type="checkbox"/> Has permission to attend. <input type="checkbox"/> Has permission to travel by bus		
<b>VOLUNTEER INFORMATION</b>	<input type="checkbox"/> I am able to volunteer for the full day on Tuesday, May 1 <sup>th</sup> <input type="checkbox"/> I am able to volunteer for half a day on Tuesday, May 1 <sup>th</sup> ___ am ___ pm  Phone# _____ Email: _____  <p style="text-align: center;">Thank you for volunteering! Please note: only those selected will be contacted.</p>		
<b>LATE RETURN (if necessary)</b>	<b>If the trip returns after school dismissal:</b> <input type="checkbox"/> My child may walk home. <input type="checkbox"/> My child may get a ride home from another student or staff member. <input type="checkbox"/> My child may call me for a ride home.		
<b>INFORMED CONSENT</b>	<b>ELEMENTS OF RISK:</b> Educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, slips, trips, falls and concussions.  The risk of sustaining these types of injuries results from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.  The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.  The DSBN does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.		
<b>ACKNOWLEDGEMENT</b>	<b>WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.</b>		
<b>PARENT/GUARDIAN NAME</b>			
<b>PARENT/GUARDIAN SIGNATURE</b>			