

Please attach the printed School Cash Online receipt  
or write the receipt number here: \_\_\_\_\_



Algonquin & Lakeshore  
Catholic District School Board

FORM F

REQUEST FOR PARENT/GUARDIAN PERMISSION – DAY EXCURSIONS

Dear Parents and Guardian:

The purpose of this form is:

1. To inform you of the nature of this program
2. To seek your support and permission for your child to participate

Staff Organizer(s): Mme Rodé + M. Mickaël Grade(s): 3

Date/Time of Departure from School: Thursdays Jan 23<sup>rd</sup>, 30<sup>th</sup> + Feb 6<sup>th</sup>, 13<sup>th</sup>

Date/Time of Return to School: 1:45 pm @ 12:30 pm

Destination: Skating rink Method of Travel: walking

Physical Description of the Area to be Visited: skating rink

Activities to be Undertaken: skating

Educational Purpose: physical education

Total Cost per student: 0

*Prior to the school trip, there will be classroom time devoted to establishing safety procedures.*

**ELEMENTS OF RISK**

Educational activity programs, such as sporting events, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participants **MUST** assume these risks. *The Algonquin and Lakeshore Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.*

X \_\_\_\_\_

**ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS**

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Staff Organizer Signature: Rodé Principal Signature: [Signature] If over 18 years old

**PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION**

I give  I do not give \_\_\_\_\_ permission to participate in

skating (Name of Student) to be held at: Springer Market Square (name of venue)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_