

ÉCOLE CATHOLIQUE CATHÉDRALE

301, rue Johnson Street

Kingston, Ontario

K7L 1Y5

Directeur/ Principal: Nienke Hoedeman
Directrice adjointe/Vice Principal: Louise Trudeau

Tel: (613) 546-7555
Télécopieur/Fax: (613) 546-0760



le mardi 23 avril 2019

Dear Parents and Guardians,

Your child has shown interest in participating in the LCVI Road Race. The race will be held on **Wednesday May 1st**. See the race schedule and routes below. You are asked to pay the \$8 fee which covers both the entry fee and the cost of transportation. Pay online and sign and return all permission forms attached by **Thursday April 25th**. Please attach receipt of payment.

* **PARKING**: Spectators are asked to park in the Kingston Centre parking lot and not along race routes. Vehicles parked on race routes make it dangerous for the runners and other motorists.

Students need to bring running shoes and a healthy lunch, with some extra snacks. Students will need to dress appropriately for the weather. Please make sure you send your child prepared for an active day outside. There will be a canteen available to purchase some food items. Please send extra money if you wish. It is not required.

M. Kyte

DISTANCE AND START TIMES BY DIVISION

DIVISION	DISTANCE (APPROXIMATE)	START TIME (APPROXIMATE)
Minor Atom Girls (Gr 3)	1.8 KM	10:35 AM
Minor Atom Boys (Gr 3)	1.8 KM	11:00 AM
Atom Girls (Gr 4)	1.8 KM	11:25 AM
Atom Boys (Gr 4)	1.8 KM	11:50 AM
Bantam Girls (Gr 5-6)	2.3 KM	12:15 PM
Bantam Boys (Gr 5-6)	2.3 KM	12:35 PM
Midget Girls (Gr 7-8)	2.8 KM	12:55 PM
Midget Boys (Gr 7-8)	2.8 KM	1:15 PM

* *Team and Individual medal presentation to follow last race (in the gym) - Approximately 1:45 PM*



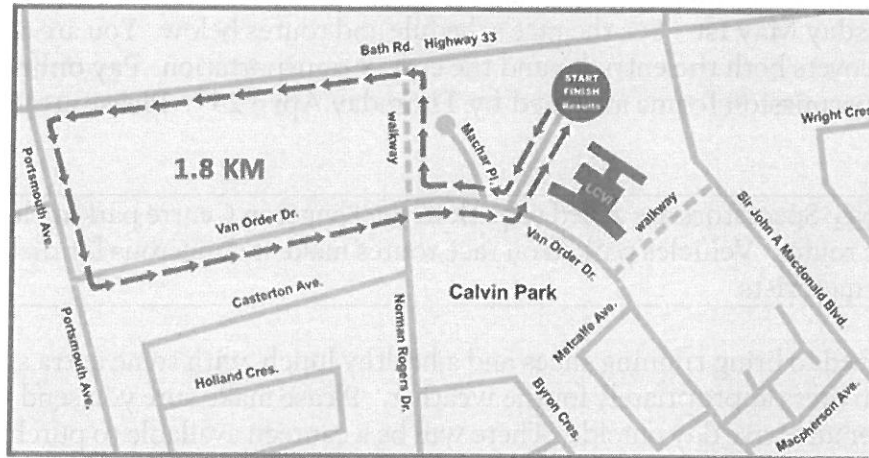
Algonquin and Lakeshore Catholic District School Board

151 Dairy Avenue, Napanee, Ontario K7R 4B2 (613) 354-2255 / 1-800-581-1116 Fax: (613) 354-4772

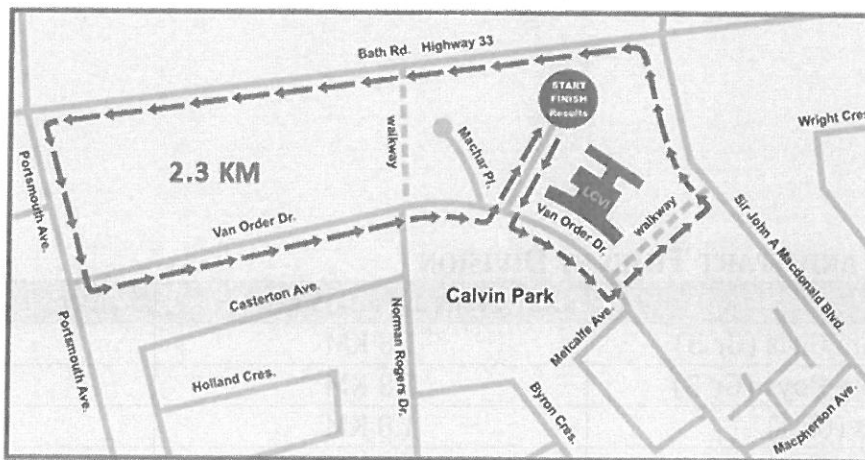
AGE DIVISIONS EXPLAINED

DIVISION	CRITERIA
Minor Atom	born in 2010 or later
Atom	born in 2009 or later
Bantam	born in 2007 or 2008
Midget	born in 2005 or 2006

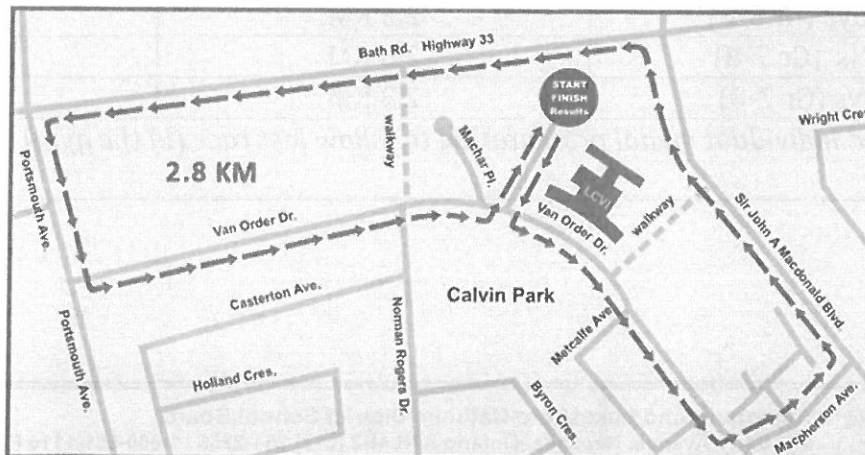
ATOM RACE



BANTAM RACE



MIDGET RACE





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): M. Kyte Grade(s): 3-8

Date/Time of Departure from School: Wed May 1st @ 945am

Date/Time of Return to School: Wed May 1st @ 215pm

Destination: LCVI Method of Travel: Bus

Physical Description of the Area to be Visited: School Field

Activities to be Undertaken: Running (Road Race)

Educational Purpose: Physical Education

Total Cost per student: \$8

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.*

All fees and permission forms need to be returned by Thursday April 25th. No exceptions

ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS

Parent/Guardian Signature: _____ Student Signature: _____

Staff Organizer Signature: M. Kyte 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

(Name of Student)

_____ to be held at: _____
(name of venue)

Parent/Guardian Signature: _____ Date: _____

**PLEASE FILL OUT BELOW TO BE RETURNED WITH ACKNOWLEDGEMENT/PERMISSION FORM
(To be completed by Parents/Students in Grades 7 – 12)**

EXPECTATIONS OF STUDENTS

The student who participates on a school excursion:

- is responsible to the staff organizer from departure to return to the school.
- is subject to all school rules and consequences during trips.
- must follow specific excursion rules developed by the staff organizer, approved by the Principal and communicated to students and parent/guardian(s) prior to the excursion.
- must understand that students who do not observe rules on excursions may be sent home (with parent contact and at parent cost), denied further participation in this activity, prohibited from any or all school excursions and extra-curricular activities for a period of time, and suspended as per school policy or charged by the police if criminal activity is involved.
- must know that alcohol and non-prescription drugs are forbidden; any contravention may be dealt with by the police at the scene. Students of legal drinking age are not exceptions to the rule against alcohol on school excursions.
- may not leave the school group without the permission of the staff organizer.
- is responsible for any school and course work missed.

I understand the expectations of students on this excursion.

Student Signature: _____

Date: _____

I consent to the participation of my son/daughter/ward in the activity outlined on this form, and

I give consent to the teacher-supervisor to seek emergency medical care for my child/ward if needed and I understand that the school will contact me as soon as possible in cases of medical or other emergency.

Parent/Guardian Signature: _____

Date: _____

To facilitate registration, please print the following:

Student Name:	Teacher and Grade
Year of Birth:	Race Category: Male or Female



Athletic Information Form

School Name: École catholique Cathédrale School Year: 2018-2019

Dear Parent/Guardian:

The Athletic Department Coaches will have the following information on hand in case of an incident or medical emergency should occur. Please take the time to complete this form and return it with your son/daughter.

PLEASE PRINT

Student's Name: _____ Date of Birth: _____

Member of School Team: Running Club

Name(s) of Coach(es): M. KYTE, Mlle Adèle, Mlle Drouin, M. Van Dyl

Name of Parent/Guardian: _____

Home Address: _____

Telephone Number: Home: _____ Work: _____

Doctor's Name: _____ Telephone Number: _____

In the event of an emergency, and you are not available, please provide us with a contact person:

Name: _____

Telephone Number: Home: _____ Work: _____

Please list any medical conditions (e.g. diabetes, asthma, allergies, concussion, etc) that pertains to your son/daughter:

