

Parent/Guardian Permission for Out-of-School Events

Teacher(s): S. Drouin / K. Wilson Grade(s): 2

To: Parents and Guardian: *The purpose of this form is two-fold:*
1. To inform you of the nature of this program
2. To seek your support and permission for your child to participate

Date(s)/Time(s) of Departure from School: Wed. June 26th 9:10 am

Date(s)/Time(s) of Return to School: Wed. June 26th 11:00 am

Destination: Garrison Bowling Lanes Method of Travel: School Bus
Financial Arrangements (Total Cost): \$ 14.00 (School Cash Online)

Educational Purpose: Physical Education

Physical Description of the Area to be Visited: Bowling Alley
(i.e. lake, park, river, etc.)

Activities to be Undertaken: Bowling

Note to Parents: 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.*



ACKNOWLEDGEMENT
WE HAVE READ AND UNDERSTAND THESE WARNINGS

Date _____ Signature of Parent/Guardian _____ Signature of Student ((if 18 yr. old) _____
Date _____ Signature of Teacher S. Drouin / K. Wilson Signature of Principal [Signature]

Please fill out payment info on back of page **PERMISSION FORM

Return to School by: Fri. June 21st

I give () do not give () _____ permission to
(Name of Student)
participate in the _____
to be held at _____

_____ Date _____ Signature of Parent/Guardian _____

School Cash Online Payment Ref # _____