

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ Grade: \_\_\_\_\_

Please read the contents of this Consent and Acknowledgement of Risk form. Please return this signed form with the registration package.

**PROGRAM/ACTIVITY INFORMATION**

OFF-SITE ACTIVITIES:  
**RELIGION PROGRAM: Monthly Mass times (usually the first Friday of the month) , other trips to St. James Church with the class**  
**DAILY PHYSICAL ACTIVITIES: Daily physical activity (DPA) is part of the Physical Education program. Occasionally classes might go on walks or runs in the neighbourhood as part of DPA.**

**PURPOSES: to enrich the Religion program; to enrich the DPA program**

METHOD OF TRANSPORTATION: walking  
 SUPERVISION: All off-site activities are supervised by the classroom teacher.  
 COST TO THE STUDENT: no cost

**BOARD RESPONSIBILITIES**

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

**POTENTIAL KNOWN RISKS**

Potential known risks include the following: walking; crossing the street; going up and down stairs

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

Destination/Activity/Program: St. James Church for monthly Mass and other visits as determined by the classroom teacher; Daily Physical Activities that take the class off-site  
Dates: ongoing throughout the time that the student is registered at St. James School

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ has my permission to participate

Date: \_\_\_\_\_ Name (*Please print*): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Contact Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_