



St. FX ACADEMY

Consent of Parent/Guardian & Acknowledgement of Risk Off-Site Activities During ACADEMY PROGRAMMING



To the Parent(s) or/Guardian(s) of: _____

Grade: _____

Please read the contents of this Consent and Acknowledgement of Risk Form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

ALL STUDENTS REGISTERING FOR AN ACADEMY MUST COMPLETE AND RETURN THIS FORM.

(this form must be completed in addition to the STFX Field Trip Consent and Information form)

***** Please sign the back of this form and return. *****

Activity	Destination	Date and schedule	Purpose/Educational Goals	Potential Risk of Injury	Additional items needed	Method of Transportation	Volunteers/ Supervisors Needed
Consent For Academy Activities – Grades 4 - 6							
Indoor Soccer	FLC, Field House Moose Arena Hockey Hounds	Dates – TBA (Students will be notified ahead of time)	Training & Physical Education	Sprained/broken ankle, knee, wrist or fingers. Concussion, rug burn.	CLEAN indoor shoes or indoor cleats	Bus Transportation	None
Swimming	City Pool Facilities	Dates – TBA (Students will be notified ahead of time)	Alternate activity (Physical Education)	Slip on deck or drown. Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	Swim wear, towel, A quarter for a locker if desired	Bus Transportation	None
Bowling	Panorama Bowling Alley	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken toe, foot, ankle, knee, wrist, fingers or shoulder. Concussion, slip on lane.	None	Bus Transportation	None
Dance	YMCA Gym and/or STFX Gym	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	None	None
Nutritionist	Foods Study Lab	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Health)	Food allergy, cut fingers/hand.	None	None	None
Karate	Karate Do Academy	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Fitness Training	Medicine Hat College/Family Leisure	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder.	Possible sun screen if done in spring or fall.	Bus Transportation	None

Activity	Destination	Date and schedule	Purpose/Educational Goals	Potential Risk of Injury	Additional items needed	Method of Transportation	Volunteers/ Supervisors Needed
	Centre and/or Gas City Crossfit, Badlands Training, Temple Fitness			Concussion.			
Wall Climbing/Spin Class/Raquet Ball/Wallyball	Medicine Hat YMCA	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Tennis and Soccer Tennis	Southridge Tennis Courts/Medicine Hat Tennis Club	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Walking or Bus Transportation	None
Floor Ball	Hockey Hounds or Moose Arena	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Golf	Cottonwood GC, Paradise Valley	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprains, broken bones, concussions, insect/snake bites, drowning, lightning strike, dehydration, sun burn, heat stroke	Sunscreen, bug spray, hat, water bottle	Bus Transportation	Academy Instructors
Curling	Medicine Hat Curling Club, Redcliff Curling Club	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprains, strains, broken bones, concussions, contusions, lacerations	Inside shoes, warm clothing	Bus Transportation	Academy Instructors
Batting Cages and Mini Golf	Dunmore Dugouts	Dates – TBA (Students will be notified ahead of time)	Training and Alternate Activity	Sprains, broken bones, concussions, insect/snake bites, lightning strike, dehydration, sun burn, heat stroke	Sunscreen, bug spray, hat, water bottle	Bus Transportation	Academy Instructors
Ball Hockey & Lacrosse	Kinplex 1 and 2	Dates – TBA (Students will be notified ahead of time)	Training and Alternate Activity	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Cycling	Strathcona, Kin Coulee	Dates – TBA (Students will be notified ahead of time)	Training and Alternate Activity	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion, car accident, lightning strike.	None	Bus Transportation	None
Indoor Golf and PE games	Field House / STFX or McCoy Gym	Dates – TBA (Students will be notified ahead of time)	Training & Physical Education	Sprained/broken ankle, knee, wrist or fingers. Concussion, rug burn.	CLEAN indoor shoes	Bus Transportation	None
Public Skating	TBD (FLC, Moose, Kinplex)	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion. Scrapes/cuts	Skates	Bus Transportation	None
Cross Country Skiing / Snowshoeing	Police Point Park	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion. Scrapes/cuts	Winter Outerwear	Bus Transportation	None

Activity	Destination	Date and schedule	Purpose/Educational Goals	Potential Risk of Injury	Additional items needed	Method of Transportation	Volunteers/ Supervisors Needed
Sledge Hockey	TBD (FLC, Moose, Kinplex)	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion, scrapes/cuts	Helmet and skates	Bus transportation	None
Wheelchair Basketball	FLC or YMCA	Dates – TBA (Students will be notified ahead of time)	Alternate Activity (Physical Education)	Sprains, broken bones, contusions, lacerations, concussions	None	None	None

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

1. The staff, volunteers and/or service provided involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. A Safety Plan is in place to identify and manage known potential risks.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program Date(s):

1. I accept the mode of transportation for this activity.
2. 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.
3. 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.
4. My child has been informed they 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.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, unless I have specified other transport arrangements.
6. 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 their participation in the stated program or activity.
7. I acknowledge that the trip supervisors may secure transport to emergency medical services

Please sign and return to the school

Medical Concerns that need to be reminded or shared

I have read and consent to my child(s) participating in the field trips outlined for this school year. I am aware of any additional risks associated with each activity.

Parent's name (please print) : _____

Parent Signature: _____