



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

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): L Vermette Grade(s): 4-6

Date/Time of Departure from School: 9am March 9th

Date/Time of Return to School: 2pm

Destination: _____ Method of Travel: bus

Physical Description of the Area to be Visited: _____

Activities to be Undertaken: basketball

Educational Purpose: tournament

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.*

✕ _____

ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS

Parent/Guardian Signature: _____ Student Signature: _____

Staff Organizer Signature: L Vermette 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

ALCDSB bball tournament (Name of Student) to be held at: Duncan McArthur March 9th (name of venue)

Parent/Guardian Signature: [Signature] Date: [Signature]