



## PERMISSION FORM



<b>TRIP:</b>	COMMUNITY TERRY FOX RUN/WALK	<b>DESTINATION Address:</b>	EAST ST, HILL ST, DIANE ST, CARVER ST, STEVENSVILLE RD, MAIN ST
<b>DATE of Trip:</b>	THURSDAY, SEPTEMBER 29, 2016 RAIN DATE: FRIDAY, SEPTEMBER 30	<b>TEACHER in Charge:</b>	HOMEROOM/ROTARY TEACHERS (Depending on class)
<b>DEPARTURE TIME from SCHOOL:</b>	APPROXIMATELY 1 p.m. (Exact time will vary by class)	<b>Anticipated RETURN TIME TO SCHOOL:</b>	APPROXIMATELY 2:45 p.m. (Exact time will vary by class)
<b>COST TO STUDENT:</b>	NIL		
<p><b>PLEASE CONSIDER signing up for School Cash Online!</b> <a href="http://dsbn.org/schoolcash/">http://dsbn.org/schoolcash/</a></p> <p>With School Cash Online, you can make payments for school initiatives with your Credit Card, eCheque or Interac using the device most convenient for you. Coming soon!</p>			
<b>TRANSPORTATION MODE</b>	<b>Check One</b> <input type="checkbox"/> BUS <input type="checkbox"/> TAXI <input type="checkbox"/> CAR <input checked="" type="checkbox"/> WALK		
<b>Parent Supervision Required</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>ADDITIONAL NOTES</b>	*Students should dress appropriately for the weather and for walking 1.5 km		

**Please fill out and return signed to your child's homeroom teacher by THURSDAY, SEPTEMBER 29!**

<b>TSTUDENT NAME:</b>		<b>HOMEROOM TEACHER:</b>	
<b>TRIP:</b>	TERRY FOX RUN/WALK	<b>DATE OF TRIP:</b>	THURSDAY, SEPTEMBER 29 RAIN DATE: FRIDAY, SEPTEMBER 30
<b>PERMISSION</b>	<input type="checkbox"/> <b>Has permission to attend.</b> <input type="checkbox"/> <b>Has permission to travel by volunteer car (where indicated)</b>		
<b>INFORMED CONSENT</b>	<p><b>ELEMENTS OF RISK:</b>            Educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, slips, trips, falls and concussions.</p> <p>The risk of sustaining these types of injuries results from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.</p> <p>The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.</p> <p>The DSNB does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.</p>		
<b>ACKNOWLEDGEMENT</b>	<b>WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.</b>		
<b>PARENT/GUARDIAN NAME</b>			
<b>PARENT/GUARDIAN SIGNATURE</b>			