



NOTRE DAME 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.

Academy: _____

This form must be signed and returned to the school by: _____ for your child to be permitted to participate in the activity.

******* Please place your signature at the bottom. *******

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 6 - 9							
Indoor Soccer	Field House Moose Arena Hockey Hounds	November to April	Soccer Academy 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	Ongoing throughout the year (Students will be notified ahead of time)	Soccer Academy 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	Ongoing throughout the year (Students will be notified ahead of time)	Soccer Academy Alternate Activity (Physical Education)	Sprained/broken toe, foot, ankle, knee, wrist, fingers or shoulder. Concussion, slip on lane.	None	Bus Transportation	None
Dance	Southridge YMCA Gym and/or NDA Gym	January	Soccer Academy Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	None	None
Nutritionist	Foods Study Lab	January	Soccer Academy Alternate Activity (Health)	Food allergy, cut fingers/hand.	None	None	None
Karate	Karate Do Academy	Dates – TBA (Students will be notified ahead of time)	Soccer Academy Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Fitness Training	Medicine Hat College and/or NDA Fitness Centre	Dates – TBA (Students will be notified ahead of time)	Soccer Academy Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	Possible sun screen if done in spring or fall.	Bus Transportation	None
Wall Climbing/Spin Class/Raquet Ball/Wallyball	Medicine Hat YMCA	Dates – TBA (Students will be notified ahead of time)	Soccer Academy 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	September October May June	Soccer Academy 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	March	Soccer Academy Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus Transportation	None
Golf	Cottonwood GC, Paradise Valley	TBA	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	TBA	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	TBA	Baseball Academy 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	May-June	Hockey Academy	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion.	None	Bus	None
Cycling	Strathcona, Kin Coulee	May-June	Hockey Academy	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion, car accident, lightning strike.	None	Bus	None
Indoor Golf and PE games	Field House / NDA Gym	November to March	Golf Academy 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)	December	Golf Academy Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion. Scrapes/cuts	None	Bus Transportation	None
Cross Country Skiing / Snowshoeing	Police Point Park	Jan - Feb	Golf Academy Alternate Activity (Physical Education)	Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion. Scrapes/cuts	Winter Outerwear	Bus Transportation	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: _____