

QUEEN OF ALL SAINTS SCHOOL
CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)

To the Parent(s)/Guardian(s) of: Girls/Boys Volleyball Grades: 4 to 7

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

If this form is not signed and returned to the school by Friday, November 26, 2021 your child may not be allowed to participate.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: Practices and Games/Tournaments DATE(S): December, 2021 to March, 2022

SERIES OF OFF-SITE ACTIVITIES (Specify program): various practices and games/tournaments

METHOD OF TRANSPORTATION: Private vehicle

LEAD TEACHER: Miss Sandberg TOTAL NO. OF SUPERVISORS PLANNED: 1 or 2

COST TO THE STUDENT: \$0 WHAT TO BRING: water bottle, PE uniform; team jersey and PE shorts (for games)

The School 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:

- Injuries related to walking/running/jumping: trips, falls, etc.
- Hand, finger, arm, knee, ankle, leg, head injuries
- Other risks normally associated with participation in the activity and environment
- Injuries related to motor vehicle incidents en route to and from the activity area

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: Basketball practices and games/tournaments Dates: December, 2021 to March, 2022

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.
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 he/she 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 (*please print*) _____ has my permission to participate

Grade _____ Signature of Parent: _____