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<u>Parent Informed Consent Form</u> (<u>High Risk Activity</u>)

This form must be read, each paragraph initialed where appropriate and signed at the bottom by a parent or legal guardian.

Ecole Cedardale is arranging for snowshoeing and tubing for students in Grade 4/5 at Cypress Mountain on Thursday Jan. 30th

Students will need to arrive at school at 8:30 am and will be travelling by bus. The bus will be leaving promptly at 8:45 am and late arrivals cannot be accommodated. Students will be supervised by their classroom teachers, Cypress staff while snowshoeing, and caregiver chaperones. Students will be returning to school for 3:00 pm dismissal.

Accidents may occur while participating in these activities and these accidents may cause personal injury, illness, death or

property damage or loss. The dangers and risks may include, but are not limited to:

Risk	njury
Bus Transportation	Vehicular accident injury
Snowshoeing	Injuries related to snowshoeing (bumping into others, falling, tripping on ice, etc.)
	Head injury, colliding with a fixed object, falling off of tube and incurring injury, frostbite and/or hypothermia if not dressed appropriately for the weather

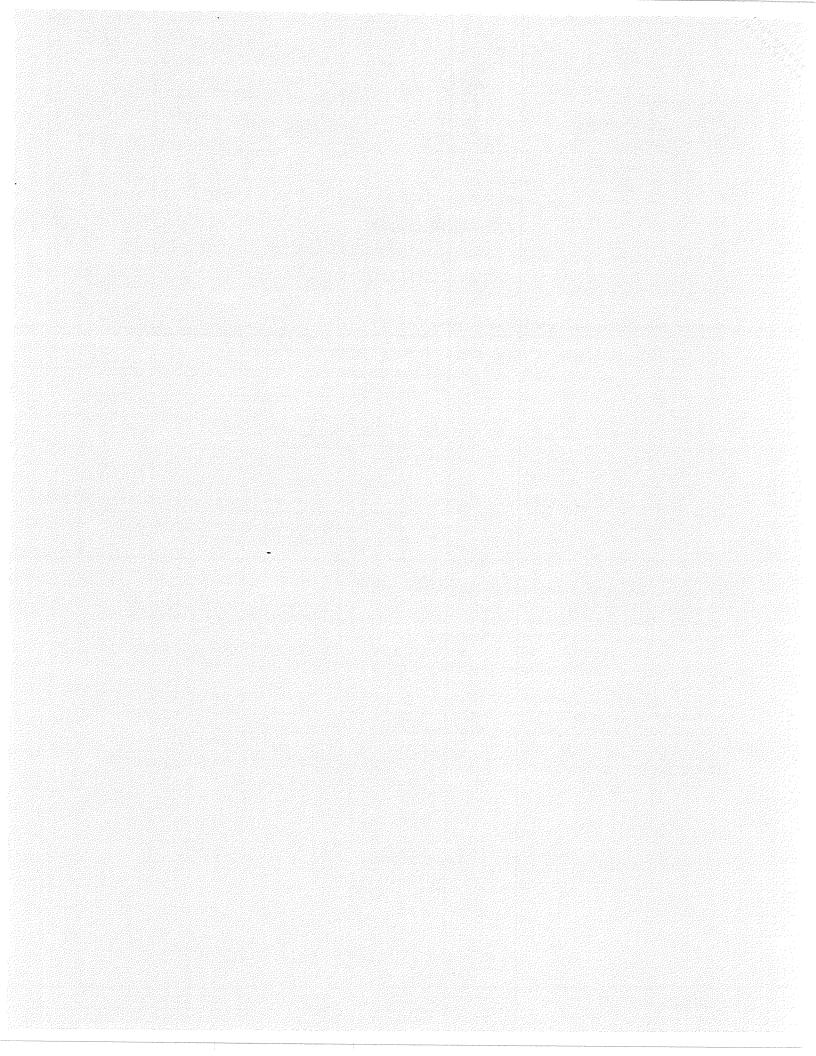
The cost of this winter activity is \$85.00, payable via School Cash Online.

Students are asked to dress appropriately and comfortably for the weather: warm clothing, snow pants, gloves, warm jacket, warm socks, snow boots, waterproof shell (if necessary), etc.

This activity is part of the Physical and Health Curriculum and is part of Cedardale's Winter Activity focus.

If you do not wish your child to accompany their class on this trip, please return this form with the "will not be participating" box checked off and contact your child's teacher who will arrange alternate supervision. If alternate financial arrangements would be helpful for your child's participation, please contact Mme Hayes at khayes@wvschools.ca.

Please ensure that you complete and return pages 2 & 3. Please make sure to retain page 1 for your records.



Parent/Guardian to fill out	
In consideration of the West Vancouver School District offering my child,	trict 45 (West Vancouver) and its
My child may not necessarily be supervised by an adult at all times:	Initial
My child has no illnesses, allergies or disabilities that may require special attention, except as d	lescribed as follows:
	Initial
I am aware that I should contact the school for further information if I am unaware what clothir this activity or possible weather conditions. I understand that it is our responsibility to ensure nequipment and clothing.	ng and equipment is required for ny child has all necessary
I understand that the school's Code of Conduct applies during this field trip. Specifically, no druse of tobacco products at any time or consumption of drugs for any reason other than approve consent given on your medical form. I will be responsible for any costs caused by my child's failute Conduct, including any costs to send my child home. Students are subject to the Student Code of School's Code of Conduct during this field trip.	ed medical purposes with prior
By choosing to allow my child to participate in this activity, I will assume the risk of an accident of activity as described is suitable for my child.	Initial courring and agree that this
The Board of Education of School District 45 (West Vancouver) does not provide any accidental of medical expense or death insurance on behalf of participating students. The School District recordanily medical coverage or purchase the Student Accident Insurance which was made available as year.	
	Initial
In signing this Consent and Waiver, I am not relying on any oral / written representation or stater Education of School District 45 (West Vancouver) and its officers, agents, employees, or authorize of Education, to prompt me to permit my child to take the trip, other than those set out in this Co	

_____Initial

	(name of student) permission to participate in snowshoeing and tubing at Cypres		
Mountain on Thursday January	30 th 2025.		
☐ I have paid on School Ca	sh Online. Receipt N	10	
OR			
□ I do not wish for my chi	d(name)	to accompany their class on this trip.	
Caregiver printed name:	Caregiver signature:	DATE:	