

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS

(Students Under 18 Years)

The Nipissing-Parry Sound Catholic District School Board is arranging a Summer School Physical Education Ice Hockey program July 2nd – July 27th, 2018.

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs, such as Physical Education & ice hockey involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in Physical Education & ice hockey:

1. Sprains/strains/muscle pulls
2. Neck/back/dental injuries
3. Head injury/concussion

The risk of sustaining these types of injuries result 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.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Physical Education Ice Hockey program on July 2nd – July 27th, you must understand that you bear the responsibility for any injury that might occur.

The Nipissing-Parry Sound Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the Physical Education Ice Hockey program
(name of student)
to be held on July 2nd – July 27th, 2018.

Signature of Parent/ Guardian: _____ Date: _____