

**OFF-SITE ACTIVITY (IES)**  
**CONSENT OF PARENT / GUARDIAN AND ACKNOWLEDGEMENT OF RISK**

**STUDENT NAME:** \_\_\_\_\_

**PROGRAM / ACTIVITY:** Gymnastics at Dynamix Gymnastics Club

**DATE:** December 17, 2021

**TIME:** 1:00 PM – 2:15 PM

**LOCATION:** Dynamix Gymnastics Club 175 Carleton Drive #110 St. Albert

**Teacher(s) In Charge:** Mrs. Belke and Mrs. Filgate

**SCHOOL:** Sturgeon Public Virtual Academy/Home Blend

**BOARD RESPONSIBILITIES:**

The Board 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.

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

1. I accept the mode of transportation which is \*\*\* **Student to be dropped off and picked up at Dynamix Gymnastics Club.**
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 due to an unforeseeable event associated with his/her participation.
4. 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.
5. 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 him/her picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the Board of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.
7. I consent that the Board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
8. Based on my understanding, acknowledgement, and consents as described herein, I agree that my child has my permission to participate in this program/activity.

**The entry of my name replaces a handwritten signature on paper and is legally binding.**

<b>Signature of Parent/Guardian Name:</b>	Click or tap here to enter text.	<b>Date:</b>	Click or tap to enter a date.
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**Please ensure that both page 1 and 2 are completed before returning to school.**

**TRIP EMERGENCY MEDICAL INFORMATION:**

AB Health Care No. \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Allergies (eg: specific drugs, certain foods, insect stings, hay fever) Specify: \_\_\_\_\_

Reaction to above? \_\_\_\_\_

Carries Epi Pen? ☐ YES ☐ NOCarries Ana Kit? ☐ YES ☐ NO

Medical/Physical Conditions that may affect participation in the stated program/activity (e.g. recent illness or injury, chronic conditions, phobias, etc.) Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: \_\_\_\_\_

**Emergency Contacts:**

1. \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

2. \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

*In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), The Sturgeon Public School Division is authorized and required under the provisions of the Education Act and its regulations to collect, use and disclose personal information that is necessary to provide educational programming and ensure a safe and secure school environment for students.*

**Please ensure that both page 1 and 2 are completed before returning to school.**