



Halifax Central Junior High School

1787 Preston Street, Halifax, Nova Scotia B3H 3V7
(902) 421- 6777 * Fax (902) 421-2868

Robert MacMillan, Principal
Mark MacPhee, Vice Principal

Name: _____

Homeroom: _____

March 4, 2015

Dear Parents/Guardians:

On **Wednesday, April 1** we will be taking all **Grade 7** students to the **2015 Ford World Men's Curling Championships** at the Scotiabank Centre.

Students will **walk** with their homeroom class and teacher(s), leaving Halifax Central at **9:00am** and returning between **12:30-1:00pm** (depending on when the draw ends)

Students must dress appropriately for the weather as we will be walking to and from the event and should either bring a lunch or plan to purchase food at Scotiabank Centre.

Tickets will be provided; therefore, there is **NO** cost to students!

Please have your child return this form to the main office by **Tuesday, March 24**. If you have any questions, please do not hesitate to contact me.

_____ Please check here if you are able to be a chaperone on this field trip.

Sincerely,

Kelly Gillis
Physical Education 7-9
Healthy Living 8

Kelly.Gillis@hrsb.ca
(902) 421-6777 ext. 5301107

Parental/Legal Guardian Consent Form for School Trip

Name of School: **Halifax Central Junior High**

ATTENTION: This is a legal document. Please read carefully the contents of this consent form and clarify any concerns with the staff at the school organizing the event or the School Principal before signing each page.

It is important that this form is completed in its entirety, signed, and returned in order for your child to participate in this activity.

PRIVACY NOTICE: Halifax Central Junior High is collecting the personal information requested in this form to: obtain lawful consent for your child to participate in the activity; coordinate the activity; respond and report respecting any injury or medical condition that may arise during, or as a result of the activity; and update School records where necessary.

The information will only be accessed by authorized School staff and will be dealt with in accordance with the privacy requirements of the Nova Scotia Freedom of Information and Protection of Privacy Act.

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorized or required by law, or you have given the School permission for the information to be disclosed.

IN CONSIDERATION of Halifax Central Junior High offering my child, _____ an opportunity to participate in the activity described below on April 1, 2015 I hereby give and provide my consent, and acknowledge by my signature that my child may participate.

1. ACTIVITY DESCRIPTION:

9:00am: Students depart Halifax Central and walk to Scotiabank Centre with their homeroom class

9:30am: Ford Men's World Curling Championship draw begins

12:00pm-12:30pm: At the end of the draw, students and staff will depart the Scotiabank Centre and return to Halifax Central.

12:30-1:00pm: Students and staff arrive at Halifax Central and remain in the gymnasium for the remainder of lunch (*Please bring a lunch or you may purchase food at the Scotiabank Centre DURING the draw prior to 12:00pm)

1:10pm: Students return to homeroom and afternoon classes are as usual

Students are reminded to dress appropriately for the walk to and from the event.

2. ACTIVITY RISKS:

Students will be spectators only at the event; however, unavoidable accidents can occur. By allowing my son / daughter to participate in this activity, I accept the risk of an accident and agree that this activity is suitable for my child.

3. SUPERVISION:

Students will be directly supervised during the walk to/from Halifax Central and will remain seated as a group at the Scotiabank Centre. However, students are permitted to use washroom facilities and get food and/or beverages without supervision during the event; however, they are required to ask permission from a teacher before doing so.

4. HEALTH AND MEDICAL TREATMENT:

- My child does not have any illness, allergy, or disability that prevents his or her participation in this event
- My child has an illness, allergy, or disability that could affect his or her participation in this event.

List illness, allergy, or disability:

5. EQUIPMENT AND CLOTHING:

I will supply appropriate equipment and clothing for my child's participation in this activity as identified.

I acknowledge that it is the responsibility of me and my child to ensure that all necessary equipment and clothing is brought by my child to the event and acknowledge that my child may be prevented from participation if s/he does not have all necessary equipment and clothing.

6. CODE OF CONDUCT & ACTIVITY SITE RULES AND REGULATIONS:

My child and I understand that the School Code of Conduct applies during this activity. My child and I also understand that site rules and regulations are in place for this activity and my child agrees to abide by these rules and regulations. I acknowledge that I have explained to my child that any prohibited actions may result in my child not being allowed to participate or continue in the activity.

7. RISK OF ACCIDENT:

Accidents can result from the nature of this activity and can occur with or without any fault on either the part of the student, school board or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I accept the risk of an accident and agree that this activity, as described above, is suitable for my child.

8. NON-PARTICIPATION IN THIS EVENT:

I understand that if I am not comfortable with my child participating in this activity that arrangements will be made for my child to remain at the School during School hours and my child will not be penalized for non-participation.

9. CONTACT INFORMATION:

Should the School need to contact me during this event:

Contact Number Valid for the Time of the Activity:

Alternative Contact Information:

10. CONSENT

In signing this Consent, I am not relying on any oral or written representation or statement(s) made by the School Board, its servants, agents, employees, or authorized volunteers to induce me to allow my child's participation in this activity other than those contained in this Consent.

I acknowledge the Privacy Notice, above.

I am 19 years of age or older and I have carefully read the contents of this Consent Form and have clarified any concerns with the staff at the School organizing the event or the School Principal before signing each page. I understand that it is a legal document that is binding on me, my heirs, executors and administrators.

Name of Legal Guardian

Signature of Legal Guardian

Date