EDMONTON
CATHOLIC SCHOOLS

, Canada

Athletics Field Trip Parent Permission Letter

Field Trip Name Austin O'Brien Football - Senior Football

Field Trip Activity FOOTBALL

School Travelling With

After you have carefully read this letter, we ask that you sign and return ***only the*** "Parental Consent" portion to the school (the last page in this document). Please keep the remainder for your information and records.

Field Trip Details

Bus will be leaving Austin O'Brien at 7:45am and returning to Austin O'Brien at approx. 3:00pm. Please ensure your child brings food and water.

Activities

Activity	Date	Time	Location	Address
Game	8/30/2025	12:00pm	Beaumont Multi-Use Turf Field	
Game	9/5/2025	7:30pm	Emerald Hills Regional Park Artificial Turf	
Game	9/12/2025	5:00pm	Emerald Hills Regional Park Artificial Turf	
Game	9/19/2025	6:00pm	Fuhr Sports Park	
Game	9/26/2025	7:30pm	Emerald Hills Regional Park Artificial Turf	
Game	10/3/2025	5:00pm	Emerald Hills Regional Park Artificial Turf	
Game	10/17/2025	7:00	Clarke Stadium	

Cost $385

Program of Studies Specific Outcomes

Grades Attending 10-12

Course(s) Student(s) Registered In

Number of Attending Students 38

Number of Attending Administrators 0

Number of Attending Teachers 2

Number of Non-Teaching School Staff 1

Number of Attending Volunteers 0

Lead Teacher and Contact Devon Hogan (T) (780) 466-3161

Attending Administrators, Teachers, Supervisors and Volunteers

Sheryl Ogonoski (S), Derek Kucharski (T)

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation Yellow School Bus

Carrier Name Golden Arrow

Telephone # (780) 447-1538

Detailed Itinerary of the trip (Including, if applicable, information regarding accomodations) Attached ____

Risks - Inherent, special or unusual risks associated with the field trip

Slip/Trip/Fall hazards associated with poor field conditions, wet weather, stairways to fields, player's benches, parking lots, seating stands.

Injuries resulting from concussions, sprains, strains, cleats, hard tackles, being hit by the ball, running into steel posts of uprights, colliding with other players, helmet on helmet contact, illegal tackles.

Injuries resulting from ankle rollovers, sprains, strains, being hit by the ball, running into steel posts, colliding with other players, hard fouls.

All manner of injuries resulting from the use of apparatus and equipment.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Weather related risks such as sunny/hot temperatures (Sunburn & Heat exhaustion), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of injuries and/or death which may result in the transportation to and from the facility.

TRANSPORTATION

Motor traffic exposures such as intersections, high traffic volumes, speeding vehicles, blind spots, crosswalks, railway crossings, construction zones.

Weather related injuries resulting from high winds, rain, fog, snow, thunder storms, lightning.

All manner of injuries and/or death which may result in the transportation and transitions to and from each destination and facility.

Date Submitted for Approval Jun 25, 2025

Signatures

Principal (Signature)	Susan Cortes Print Name	June 26/25 Date
Lead Teacher and Contact (Signature)	Devon Hogan Print Name	June 26, 2025 Date

Austin O'Brien H.S.

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Aug 29, 2025

Student Name _____ **Grade** _____

Field Trip Activity FOOTBALL

Method of Transportation Yellow School Bus

Please Indicate your fieldtrip payment method:

Cash $ _____ Interact or Credit payment in office for $ _____ Online Payment for $ _____

Additional Information / Explanation

_____

_____

_____

MEDICAL CONDITION

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

_____

_____

_____

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), _____ (name of student) is to act in accordance of the Education Act, Division policy and rules as to student conduct.

I understand that pursuant to Administrative Procedures 260, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled or interrupted for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

Parent signature: _____ Name _____ Date: _____

Relationship: ☐ Mother ☐ Father ☐ Other Legal Guardian

Emergency Parent Contact and Phone Number _____