EDMONTON
CATHOLIC SCHOOLS

, Canada

Local Field Trip Parent Permission Letter

Field Trip Name	Jr Boys VOLLEYBALL LEAGUE GAMES + TOURNAMENTS 2024-2025
Field Trip Activity	2024-2025 VB JR LEAGUE GAMES+TOURNAMENTS
Location / Destination	Several locations
School Travelling With	N/A

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

September 16th, 2025. St. Albert. 6:30 PM.
September 23rd, 2025. M.E. Lazerte 6:30 PM.
September 26-27, 2025. Trinity/Page TOURNAMENT.
October 9th, 2025. Sturgeon 5:00PM
October 14th, 2025. McCaffery 6:30PM
October 16th, 2025. Oscar Romero 5:00PM
October 24th-25th. Lilian Osborne TOURNAMENT.

Date of Field Trip	Start: Sep 16, 2025	**Time of Departure**	4:30PM
	End: Oct 25, 2025	**Time of Departure from Venue**	8:00PM
		Time of Return	7:00PM
Cost	$250 Volleyball fees.		

Program of Studies Specific Outcomes

Extra Curricular Activity

Grades Attending 10, 11

Course(s) Student(s) Registered In

Number of Attending Students	11
Number of Attending Administrators	
Number of Attending Teachers	2
Number of Non-Teaching School Staff	0
Number of Attending Volunteers	0

Lead Teacher & Subject(s) Taught and Contact	Jesús Gómez Troyano (T) 780-466-3161. Alex Matías (T) 780-819 9591

Attending Administrators, Teachers & Subject(s) Taught, Supervisors and Volunteers

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	Own transportation or silvertop.
Carrier Name	Silvertop (if necessary)
Telephone #	780-756-6608

Safety Precautions

N/A

Equipment Required

N/A

Clothing Required

Volleyball uniform, proper footwear for games.

Other Information

METRO games calendar attached.

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

Slip/Trip/Fall hazards associated with poor court conditions, slippery floor waxes, water or sweat on the court, players benches, seating stands, wax burn from sliding on the court.

Injuries resulting from ankle rollovers, sprains, strains, getting caught in the net, being hit by the ball, running into steel posts of basketball nets, colliding with other players, hard fouls, hazards with chasing a ball of the court.

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.

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.

TRAVEL

All manner of injuries and/or death related to highway travel by bus or vehicle.

Weather related injuries resulting from sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunder storms, lightning.

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

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 Sep 13, 2024

Signatures

Principal (Signature)	**Print Name** Susan Coates	**Date** Sept 12/25
Lead Teacher (Signature)	**Print Name** JESÚS GÓMEZ	**Date** Sept 12, 2025

Austin O'Brien H.S.

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Sep 23, 2024

Student Name _____ **Grade** _____

Field Trip Activity 2024-2025 VB JR LEAGUE GAMES +TOURNAMENTS Start Date Sep 16,2025 End Date Oct 25,2025

Location Several locations

Method of Transportation Own transportation or silvertop.

Please Indicate your fieldtrip payment method:

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 _____