

Repetitive Events Field Trip Parent Permission Letter

Field Trip Name PE 30 S1 B4 Zwart 2025-2026

Field Trip Activity PE 30 S1 B4 Zwart 2025-2026

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

Due to unforeseen circumstances there may be some changes to the activities listed. Students and parents will be notified of these changes through Google Classroom and PowerSchool parent email.

Please note, PHYS ED 30 fees must be paid in order for your child to participate in the listed activities. Physical activity and active lifestyle experiences in alternate environments (field trips) make up a large part of your child's PE 30 mark. Not attending field trips will significantly affect your child's grade and put them at risk of not passing the course.

Please note the PE 30 fee for 2025/26 is \$165

Activities

Activity	Date	Time	Location	Address
BOWLING	Dates TBD	Your child's scheduled PE 30 class	Bonnie Doon Lanes or Gateway Lanes	8330 82 Ave NW, Edmonton, AB T6C 4E3
SQUASH/RAQUETBALL	TBD	Your child's scheduled PE 30 class	Kinsmen Sports Centre	9100 Walterdale Hill
GOLF	Dates TBD	Your child's scheduled PE 30 class	Millwoods Golf, Kinsmen Pitch & Putt	4540 50 St NW, Edmonton, AB T6L 6P6, 9100 Walterdale Hill NW, Edmonton, AB T6E 2V3
SKATING/BROOMBALL/HOCKEY/BALL HOCKEY	Dates TBD	During your child's scheduled PE 30 class.	Michael Cameron Arena / Kenilworth Arena	10404 56 St, Edmonton, AB T6A 2J2 / 8313 68a St NW, Edmonton, AB T6B 1T3
INDOOR SOCCER	Dates TBD	During your child's scheduled PE class	Edmonton Soccer Association South Centre	6520 Roper Rd NW, Edmonton, AB T6B 3K8
WALK/RUN AROUND THE COMMUNITY	Any time from Sept 2025 - Jan 2026	During your child's scheduled PE class	Community of Ottewell and Gold Bar Park / River Valley Trail System	9359 67a St NW, Edmonton, AB T6B 1R7 10955 50 St NW, Edmonton, AB T6A 2E9
SCUBA DIVING	Date TBD	During your child's scheduled PE 30 class.	Scona Pool / Eastglen Pool / Bonnie Doon Pool	10450 72 Ave NW, Edmonton, AB T6E 0Z6 / 11410 68 St NW, Edmonton, AB T5B 1P1 / 8648 81 St NW
SKATING / HOCKEY / ICE ACTIVITIES	Dates TBD	During your child's scheduled PE30 class	Rundle Park /Victoria IceWay Skating Trail /Ottewell Outdoor Rink	2909 113 Ave NW, Edmonton, AB T5W 0A2; 12030 River Valley Rd NW, Edmonton, AB T5K 1L4; 5920 93a Ave NW

SWIMMING	Dates TBD	Your child's scheduled PE 30 class	Hardisty Pool / Bonnie Doon Pool / Eastglen Pool / Meadows Rec Centre / Edmonton City Pools / Millwoods Rec Centre	10535 65 St NW, Edmonton, AB T6A 3X7 / 8648 81 St NW, Edmonton, AB T5H 3S1 / 7207 28 Ave NW, Edmonton, AB T6K 3Z3
CityFit Shop Inc	Date TBD	During your child's scheduled PE30 class	CityFit Shop Inc.	10036 81 Ave NW, Edmonton, AB T6E 1W8
LAWN BOWLING	Date TBD	Your child's scheduled PE 30 class	Highlands Lawn Bowling	6112 113 Ave NW, Edmonton, AB T5W 4C2
CANOEING- DRAGON BOATING- KAYAKING	Date TBD	Your child's scheduled PE 30 class	Edmonton Dragon Boat Racing Club or Leduc Boat Club	10296 87 St NW, Edmonton, AB T5H 1N6 / 4801 44 St, Leduc, AB T9E 5T3

Cost \$165 Phys Ed Fees must be paid prior to travelling on field trips.

Program of Studies Specific Outcomes

Physical Education 30

All outcomes are achieved through active and safe participation in physical education.

General Outcome A

Students will acquire skills through a variety of developmentally appropriate movement activities; dance, games, types of gymnastics, individual activities and activities in an alternative environment; e.g., aquatics and outdoor pursuits.

Specific Outcomes

Basic Skills—Locomotor;

e.g., walking, running, hopping, jumping, leaping, rolling, skipping, galloping, climbing, sliding, propulsion through water

Students will:

A30-1 analyze, evaluate and adapt performance of locomotor skills and concepts—effort, space and relationships—to perform and create a variety of activities to improve personal performance

A30-2 N/A

Basic Skills—Nonlocomotor;

e.g., turning, twisting, swinging, balancing, bending, landing, stretching, curling, hanging

Students will:

A30-3 analyze, evaluate and adapt performance of nonlocomotor skills and concepts—effort, space and relationships—to perform and create a variety of activities to improve personal performance

A30-4 N/A

Basic Skills—Manipulative: receiving;

e.g., catching, collecting; retaining: e.g., dribbling, carrying, bouncing, trapping; sending; e.g., throwing, kicking, striking

Students will:

A30-5 analyze, evaluate and adapt performance of manipulative skills and concepts—effort, space and relationships—to perform and create a variety of activities to improve personal performance

A30-6 N/A

Application of Basic Skills in an Alternative Environment

Students will:

A30-7 recommend and relate a choice of activity-specific skills in an alternative environment to meet activity goal; e.g., river canoeing versus flat water canoeing

Application of Basic Skills in Dance

Students will:

A30-8 develop, refine and perform more complex dances

A30-9 choreograph, perform and critique dance for self and others; e.g., jazz, social and novelty

Application of Basic Skills in Games

Students will:

A30-10 develop and further refine activity-specific skills in a variety of games

A30-11 apply and analyze the relationship among skills, rules and strategies in the creation and playing of games

Application of Basic Skills in Types of Gymnastics

Students will:

A30-12 refine and transfer the basic skills in a variety of gymnastic and movement experiences individually, with a partner, or in a group

Application of Basic Skills in Individual Activities

Students will:

A30-13 recommend a choice of activity-specific skills in pursuing lifelong individual activities; e.g., cycling

General Outcome B

Students will understand, experience and appreciate the health benefits that result from physical activity.

Specific Outcomes

Functional Fitness

Students will:

B30-1 design and justify nutrition plans that will positively affect performance for a variety of physical activities; e.g., triathlon training versus fitness maintenance

B30-2 appraise different activities and their effects on a personal functional level of fitness

B30-3 evaluate, monitor and adapt fitness plans for self and others, applying the principles of training

Body Image

Students will:

B30-4 interpret and evaluate the impact of the media and peer influences on body image

B30-5 discuss the effects of performance-enhancing substances on body type and body image as a part of physical activity

Well-being

Students will:

B30-6 predict the positive benefits gained from physical activity

B30-7 understand the consequences and risks associated with an inactive lifestyle

B30-8 monitor and evaluate the plan for personal stress management

General Outcome C

Students will interact positively with others.

Specific Outcomes

Communication

Students will:

C30-1 communicate thoughts and feelings in an appropriate respectful manner as they relate to participation in physical activity

C30-2 discuss issues related to active living

Fair Play

Students will:

C30-3 demonstrate etiquette and fair play
Leadership

Students will:

C30-4 apply, monitor and assess leadership and followership skills related to physical activities, and demonstrate an understanding of leadership skills related to implementing physical activity events or programs in the school and/or community
Teamwork

Students will:

C30-5 develop and apply practices that contribute to teamwork
C30-6 identify and demonstrate positive behaviours that show respect for self and others

General Outcome D

Students will assume responsibility to lead an active way of life.

Specific Outcomes
Effort

Students will:

D30-1 model an active lifestyle
D30-2 recommend future changes and modifications to one's personal plan to maintain a healthy, active lifestyle
Safety

Students will:

D30-3 develop and apply safety standards and rules in a variety of activities
D30-4 analyze, design and assess warm-up and cool-down activities
D30-5 apply the use of first aid principles and survival skills as they relate to physical activity; e.g., athletic training; and, recommend actions that will minimize potential hazards to self and others
Goal Setting/Personal Challenge

Students will:

D30-6 evaluate and revise short- and long-term activity goals that will continue to provide personal challenges
D30-7 N/A
Active Living in the Community

Students will:

D30-8 perform service, leadership and volunteer work related to physical activity, in the school and/or community
D30-9 develop strategies to offset influences that limit involvement in physical activity
All outcomes are achieved through active and safe participation in physical education.

Grades Attending Grade 11's and 12's

Course(s) Student(s) Registered In

Number of Attending Students	<u>24</u>
Number of Attending Administrators	<u> </u>
Number of Attending Teachers	<u>1</u>

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher and Contact Zackory Zwart(T) (780) 466-3161 ext 525

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 School Airporter

Clothing Required Proper PE clothing for activities.

Other Information Proper outdoor clothing for inclement weather

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

A. COMMON RISKS

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.

Possible injuries from improper use of equipment resulting in bruises, scrapes, cuts.

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

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

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

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.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes, cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), 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.

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.

INDOOR SOCCER

Possible injuries resulting from- slips/trips/falls while walking/running on slippery grounds, colliding with other players, foreign objects like indoor soccer ball or nerf ball.

Slip/Trip/Fall hazards associated with play on a turf surface, stairways to fields, player's benches, parking lots, seating stands.

Injuries resulting from sprains, strains, cleats, hard tackles, being hit by the ball, running into steel posts of soccer nets, colliding with other players, proper equipment required.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with 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.

BASKETBALL

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.

BALL HOCKEY

Possible injuries resulting from- slips/trips/falls while walking/running on hard surfaces (concrete/cement, tarmac), falls while hitting the boards or walls, colliding with other players, foreign objects like hockey sticks and rubber pucks, balls, felt pucks, nets, improper equipment.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with 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.

BASEBALL

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, being hit by the ball, bat or pitch, running into fencing while chasing the ball, colliding with other players, sliding into a base, being cut from gravel or foreign objects on the ground.

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


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

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

Date Submitted for Approval Sep 4, 2025

Signatures


Principal (Signature)


Lead Teacher and Contact
(Signature)

Susan Coates
Print Name

ZACH ZWART
Print Name

Sept 5/25
Date

Sept 8/25
Date

snow, thunderstorms, lightning, etc.

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 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.
BALL HOCKEY

Possible injuries resulting from- slips/trips/falls while walking/running on hard surfaces (concrete/cement, tarmac), falls while hitting the boards or walls, colliding with other players, foreign objects like hockey sticks and rubber pucks, balls, felt pucks, nets, improper equipment.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with 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.
FOOTBALL

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.
TENNIS

All manner of injuries resulting from physical contact with surfaces/fences/net, slips and falls, failure to follow rules and reckless conduct of other participants.

All manner of injuries resulting in sprains, bruises, broken bones, & head injuries from racquets, people, or ball contact.

All manner of injuries resulting in scratches, bruises, and sprains.

All manner of injuries resulting in eye injuries or loss of sight, joint or back injuries, heart attacks, and concussions.

Austin O'Brien H.S.

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Sep 10,2025**

Student Name _____ **Grade** _____

Field Trip Activity PE 30 S1 B4 Zwart 2025-2026

Method of Transportation School Airporter

Please Indicate your fieldtrip payment method:

Cheque # _____ 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 _____



NOTIFICATION OF RISK

Participants Informed Consent Form

PARTICIPANTS NAME:	EMERGENCY CONTACT INFORMATION:
Last Name:	Name:
First Name:	Day Phone:
Birthday:	Cell Phone:
	Email:

I, _____ give my consent for my child _____.
(Print Parent's full name) (Print Child's full name)

to participate in _____ programs **understanding that participation in a program offered by CITY FIT SHOP INC. may result in personal injury** (including but not limited to Injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and paralysis or brain damage) **and property damage or loss.** I fully understand these risks and give my son/daughter permission to participate in the programs offered by **CITY FIT SHOP INC.**

RULES:

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to inform my son/daughter of the importance of abiding by the rules and regulations set down by **CITY FIT SHOP INC.**

MEDIA RELEASE:

I hereby { } **grant** // { } **do not grant** to **CITY FIT SHOP INC.** the right to use, without payment of any fee or charge, any written information (excluding information contained on the Medical Form) photograph, videotape or other visual media of my son/daughter taken during the program(s) for the purpose of furthering **CITY FIT SHOP INC.**

- ☐ I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent Form in its entirety.
- ☐ I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and responsibilities.

Parents/Guardian Signature:	Date:
Witness Signature:	Witness Name:

*Personal information collected from you is collected under the authority of the Freedom of Information and Protection of Privacy Act, and will be used to administer program registrations and membership management. In order to better provide you with our services, we will, from time to time, share information with **CITY FIT SHOP INC.** who perform services on our behalf. We never sell, lease or trade information about you or your accounts to other parties, unless you authorize us to do so, or unless required or permitted by privacy legislation. For more information about the collection and use of this information please contact the **CITY FIT SHOP INC.***



Program Participant Form

Application Date: _____

Participant Information

Full Name of Participant	Date of Birth	Age	<input type="radio"/> Male <input type="radio"/> Female
Address	City	Prov	Postal Code
Home Phone			
Medical Considerations: Please describe any medical conditions/history that staff or coaches should be made aware of. _____ _____			
Swimming Ability: Please describe your swimming abilities. _____ _____			
Previous Paddling Experience			
Have you paddled/rowed before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Which Sport? _____ and how many years?			

Parental/Guardian Contact Information

Full Name of Parent or Legal Guardian			
Address (if different than participant)	City	Prov	Postal Code
Home Phone	Work Phone		

Emergency Contact Information (If different than above)

Full Name of Contact			
Address (if different than participant)	City	Prov	Postal Code
Home Phone	Work Phone	Relationship to Paddler	

Paddling/Rowing activities by their nature involve certain elements of risk that involve potential for bodily injury. I acknowledge this element of risk and have read and understand the "Notification of Risk" (on the reverse side or attached) and agree to permit myself/child to participate.

Printed Name of Applicant	Signature of Applicant
Printed Name of Parent/Guardian	Signature of Parent/Guardian
Printed Name of Witness	Signature of Witness



Notification of Risk Agreement

THIS IS A LEGAL DOCUMENT PLEASE READ THOROUGHLY.

Risks

I, the Undersigned understand and acknowledge that I am aware of the risks to my child, in canoeing, kayaking, Stand Up Paddle and/or Dragon Boating (the Activities) related to participation at the Leduc Boat Club, I am aware that the Activities involve many risks, dangers and hazards including, but not limited to:

- A. Accidents which occur during transporting boats to the water; slip and falls while getting into or out of the boats; overturning of the boats;
- B. Drowning and hazards associated with water activities; exposure to cold water; hypothermia; changing and inclement weather conditions;
- C. Participating beyond my personal limits; poor or impaired balance, physical coordination or inability to follow instruction;
- D. Equipment defects or malfunctions; collision with other boats or equipment; negligence on the part of other participants;
- E. Injuries resulting from the physical activity of the sport itself including but not limited to neck and back strains, muscle strains, muscle pulls, tendon and ligament damage as well as other typical athletic injuries or more serious injuries.

Initial Here

I understand and voluntarily accept these physical risks.

Acknowledgement

As a parent I agree that my child is responsible for following the rules and guidelines as set out by the course/program instructors and by all employees, volunteers, management of Leduc Boat Club, Telford Lake Alberta Training Centre Society and the City of Leduc. Failure to comply with these rules and guidelines could/can result in my child becoming seriously injured or in their being removed from the program and/or the facility. I accept responsibility for any bodily harm should my child not follow instructions and guidelines as outlined by the staff, directors or qualified representatives of Leduc Boat Club.

I acknowledge that I am of the full age of 18 years and am the legal guardian of the participant listed below. I also acknowledge that I have read and fully understood the above description of risks prior to my signature. Further, I acknowledge that I understand, appreciate and accept the physical risks associated with my child's participation in a Leduc Boat Club course/program and use of the facilities at Leduc Boat Club.

Initial Here

Signatory

Dated this ____ day of _____, 20__ at _____, Alberta

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Printed Name of Participant



Bubblemaker Statement

(PADI International Limited Version)



Participant Record (confidential information)

PLEASE PRINT CLEARLY.

Name _____
Address _____
City _____ State/Province _____
Country _____ Zip/Postal Code _____
Home Phone (____) _____ School: _____ Teacher: _____

MEDICAL QUESTIONNAIRE

To the participant: Answer YES or NO to any of the following items that apply to your past medical history or present medical condition. If any of these items do apply to you, we must request you consult a physician prior to participating in a scuba experience.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am currently suffering from a cold or congestion. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a history of respiratory problems or disease. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have had asthma, emphysema or tuberculosis. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I currently have an ear infection. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have recurrent ear problems, ear disease or surgery. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a history of sinus problems. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have had problems equalising (popping) my ears with airplane or mountain travel. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am diabetic. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a history of seizures, dizziness or fainting. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a nervous system disorder. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have behavioural health, mental or psychological disorders (panic attack, fear of closed or |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have recurrent back problems, history of back or spinal surgery. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am currently taking prescription medication (with the exception of anti-malarial). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have recently had an operation or illness. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am under the care of a physician or have a chronic illness. |

Please complete the information on this membership form and return to your teacher. As a participant in the "Discover Scuba" Program being provided through your school or group you will automatically receive a one-year membership with the Alberta Underwater Council. In addition, you will receive a certificate recognizing your successful completion of the "Discover Scuba" experience. For more information about scuba diving in your area, visit our website at: www.albertaunderwatercouncil.com

BUBBLEMAKER STATEMENT OF RISKS AND LIABILITY

(PADI International Limited)

Please read carefully before signing.

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving course at your own risk. Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. This form must also be signed by a parent or guardian.

WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death. Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Experience programmes may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving course. You must advise truthfully and fully inform the instructor(s) and the facility through which this training is offered of your medical history.

EXCLUSION OF LIABILITY

Neither the instructor(s), Carson Ganci and/or alternate(s), the facility through which this training is offered, Alberta Underwater Council, PADI International Ltd., or International PADI, Inc., accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence. In the absence of any negligence or other breach of duty by the instructor(s), Carson Ganci and/or alternate(s), the facility through which this training is offered, Alberta Underwater Council, PADI International Ltd., and International PADI, Inc., your participation in this diving course is entirely at your own risk.

The PADI Experience programmes are designed to provide you with an introduction to scuba diving. The programmes are not intended to train you as a competent diver. You must be thoroughly instructed in the use of scuba in a certification course under the direct supervision of a qualified instructor to become a certified, competent diver.

I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

Signature of Participant

Date _____
Day/Month/Year

Signature of Parent or Guardian

Date _____
Day/Month/Year

Alberta Underwater Council
11759 Groat Road, Edmonton, AB T5M 3K6
Phone: 780-427-9125, Toll Free: 1-888-307-8566
www.albertaunderwatercouncil.com info@albertaunderwatercouncil.com

