



FIELD TRIP PERMISSION FORM

AP 260 Field Trips

Dear Parents/Guardians, this is to inform you that we are planning the following field trip. Please retain Section 1 for your reference and return Section 2 to the appropriate supervisor.

SECTION 1: Field Trip Information (to be completed by the Field Trip Supervisor)

Name of field trip	Soccer @ Sports TC	School	Clover Bar Junior High (7-9)
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Today's date	Trip Supervisor/Staff Liaison (if not a staff member)	Position
April 4, 2018	J. Burback	Teacher

Description of field trip

Training at Sports TC.

Departure Date	Time	Return Date	Time
Monday, April 9, 2018	12:45 PM	Monday, April 9, 2018	3:10 PM
Friday, April 13, 2018	12:45 PM	Friday, April 13, 2018	3:10 PM
Tuesday, April 17, 2018	12:45 PM	Tuesday, April 17, 2018	3:10 PM
Thursday, April 19, 2018	12:45 PM	Thursday, April 19, 2018	3:10 PM

+ Add a row
- Remove a row

Subject/Block	# of Students	Grades
Soccer Academy	30	7-9

Other supervisors (indicate if supervisor is a teacher, classified staff, parent or other volunteer)

Coach Dickson, Coach Drummond

Destination(s), include the address whenever possible

Sports TC, 9203 35 Ave NW, Edmonton, AB T6E 5Y1

Purpose of the trip (include curriculum/program alignment)

Training and preparing for the outdoor season.

Activities

Soccer Training

Risks and safety precautions

Sports injuries may occur. Students will do their sports specific warm up to reduce injuries. First aid available on site.

Transportation arrangements

School bus will be used.

Special clothing or equipment required

Turf shoes or outdoor cleats work best.

If your child has any **allergies or medical conditions** which require special consideration, please contact the school at

Request for Volunteers (Field Trip Supervisor please indicate if volunteers are needed and provide a description of duties) Yes No

Payment Information

Field trip fees are: included in school fees not included in school fees and due by

Freedom of Information and Protection of Privacy - Notification of Use

The information collected on this form is for the purpose of coordinating field trips in EIPS, including tracking permission and maintaining accurate emergency contact information. This personal information is collected pursuant to the provisions of the *School Act* and Regulations thereto, and the *FOIP Act*, section 33(c). If you have any questions about the collection and use of the information, please contact Elk Island Public Schools' FOIP Coordinator, 683 Wye Road, Sherwood Park, AB T8B 1N2 780-417-8204, or your school principal.

SECTION 2: Parent/Guardian Approval *(Students will be required to follow all applicable school rules for the duration of the trip.)*

If this form is not completed and returned to the school, it will be considered that you have **NOT PROVIDED CONSENT** for your child to participate in the field trip as described above.

Field Trip: Soccer @ Sports TC

Trip Supervisor/Staff Liaison: J. Burback

I _____ allow, _____ to participate in this field trip.

Parent/Guardian Signature

Date

Emergency Contact Information

Emergency contact name

Home phone

Work

Emergency

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