

Form 260-3

v. 2018

PHYSICAL EDUCATION - RECREATION EDUCATION

The physical education/recreational education curriculum involves pursuing lifelong activities. Some of these activities will take place outside of our school setting. Transportation to these venues will be by way of **walking**. * *Only when and if covid 19 restrictions are lifted to use community recreational facilities.*

Ecole Lacombe Secondarie Composite High School

The out of school activities include:

Activity	Dates	Location	Address
<i>Examples:</i>			
Skating/ Broomball	February 1 - April 19	Gary Moe sportsplex	5210 54 Ave, Lacombe Ab
Bowling	February 1 - April 19	Ambassador Bowling	5020 50 st, Lacombe, Ab
Swimming	February 1 - April 19	Gary Moe sportsplex	5210 54 Ave, Lacombe Ab
Walking	February 1 - April 19	Around town of Lacombe	
Curling	February 1 - April 19	Gary Moe sportsplex	5210 54 Ave, Lacombe Ab
Other (list below)			

Note:

- Please initial each activity that your child will attend.
- Due to inclement weather, alternative activities may be substituted for the above-noted activity.
- Please indicate a "NO" beside any activity(ies) that your child is NOT permitted to attend.

Student Name: _____

Inherent Risk

Physical Education / Recreational Education Field trips are activities with physical demands and inherent risks that are beyond the control of the physical education teachers, and/or the cooperating organizations. Unpredicted incidents may occur which may cause injury.

By signing the following acknowledgment form all students must be prepared to assume and accept the risks and dangers of participating in these activities.

By signing this consent form, parents and guardians are accepting the risks of the activities noted above and are giving their permission for their child to participate in the above listed field trips.

Special Notes: E.g. Activities that involve higher degrees of risk. Explain here....

Student Responsibility

It is the responsibility of the student to follow and obey the rules and instructions outlined by the supervisor. It is also necessary for the student to act in a safe and sensible manner at all times. Students may lose field trip privileges for violation of the rules, and/or unacceptable conduct.

Acknowledgement

We have read and understand the above information and warnings and accept the risks associated with participating in these activities.

Date _____

Student Signature _____

Parent Signature _____

Parental Permission

I give my permission for _____ to participate in the above-noted activities.

I understand and consent that transportation will be by _____ WALKING _____.

(insert method of transportation, i.e. school bus or walking)

I also understand and agree that my child must wear a seatbelt where available while traveling to or from the above noted activities.

Parent Signature _____

Medical Conditions _____

Emergency Contact Person _____

Emergency Telephone Number _____

Authorization for Collection of Personal Information

Personal information is collected under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of completing the off-site activity mentioned above. If you have questions about the collection, use of this information, contact the Secretary-Treasurer, Wolf Creek Public Schools, 6000 Highway 2A, Ponoka, AB T4J 1P6 or telephone (403) 783-3473.

Health & Wellness Off-Campus Parental Permission Form

Here are some things you need to be aware of about the Health & Wellness program at Lacombe Composite High School:

1. Physical Education 10 and CALM 20 are courses required to graduate high school. The Health & Wellness program combines the outcomes of both courses for an ultimate wellness experience.
2. In order to offer our students more opportunities and choice of activities, we often leave the school campus. Transportation is by bus or walking. Students are NOT allowed to drive to venues.
3. Some educational activities, outdoor activities and off-site activities, involve certain elements risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, gives examples of the types of injury, including death, that may result from participating in such activities as well as and traveling to and from said activities.
 - a. Bruises, nosebleeds, muscle strains, joint injuries and other physical body injuries
 - b. Allergy, asthma or other respiratory attacks
 - c. Personal Injury occurring due to vehicle accident
 - d. Personal Injury caused by inappropriate behaviour of the student.
4. Activities that students may choose during a Health & Wellness rotation that have higher risks of injury include:
 - a. Arena Activities such as ice skating, ice hockey and broomball
 - Risks include falls and possible implement injury such as being hit in the leg with a hockey or broomball stick
 - All student on the ice must wear a CSA approved hockey helmet with cage
 - The school does have helmets and skates for the students to borrow
 - Skating technique will be stressed and taught
 - When playing ice hockey a soft sponge puck will be used
 - b. Wall Climbing at Burman University
 - Risks include falls and possible rope burns while climbing or belaying
 - All students will receive formal instruction including wall safety, and movement and climbing techniques.
 - Teacher/instructor will be familiar with the climbing facility.
 - Students should be allowed to select the challenge of their choice, as long as they do not exceed their own limits.
 - Students will be transported by bus to Burman University.

Student Name: _____

- A corresponding permission form from Burman University is also attached for all students who want to choose wall climbing as a rotation.
- Ropes and associated climbing equipment designed specifically for wall climbing are provided by Burman University.

The risk of sustaining possible injuries result from the nature of the activity and can occur without fault of either the students, or the school board, its employees/agents, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

I have read and understand the above information and am giving consent for my child, _____, to participate in all Health & Wellness activities, including Arena Activities (_____, please initial), during 2019/20 school year at Lacombe Composite High School.

Parent/Guardian Name: _____

Signature: _____ Date: _____

As part of CALM there may be discussion of HUMAN SEXUALITY or guest presenters, such as Public Health Nurses, to inform and educate students about human sexuality, including positive life choices, sexually transmitted diseases, peer pressure, contraception, and other issues affecting teens. Please Initial below if you would like your child to participate in related activities:

YES, my child will take the SEX- ED section of CALM _____

If you do not want your child to participate in such discussion or presentations, DO NOT initial the box, an alternative assignment will be provided to them.