

JR. & SR. HIGH INTERSCHOLASTIC ATHLETICS CONSENT FORM (DAY TRIPS WITHIN ALBERTA)

The Calgary Catholic School District in conjunction with the Junior High Activity Council / Senior High School Athletic Association provides an opportunity for students to try out and participate in interscholastic athletic activities involving the activity mentioned below.

This is to advise you that Madeleine d'Houet School's volleyball program intends to involve your son (the "student") in off-campus games and sport tournaments, the particulars of which are as follows:

TEAM MDH Wres	stling 2016 – Due Tuesday November 22
COACH (OR ARRANGED SUF	PERVISOR) Mr. Gillis
DATE(S)	See http://www.mdhpe.weebly.com/wrestling.html
(Attach schedule if applicable)	
TIME(S)	Practices Tuesday and Thursday from 3:30 – 5 pm and Wednesday 7:30 – 8:45 am
	St. Vincent de Paul November 30
	City Finals – December 9 (girls) and December 10 (boys) @ Notre Dame High School
ASSOCIATED RISK(S)	Those associated with wrestling
TRANSPORTATION PLANS	Parent volunteers (form needed if driving another studentsee MDH office) or public transportation
COSTS, IF ANY Mouth gu	ard is mandatory
form is signed and returned to information, please phone the s	the school prior to the first date of the activity. If you require additional school at: 403-500-2008.
CONSENT FOR JR.	& SR. HIGH INTERSCHOLASTIC ATHLETICS PARTICIPATION
Having read, understood and understood the particulars of the to my son/daughter	d signed the Field Trip Annual Consent Form and having read and his specific <i>Jr. & Sr. High Interscholastic Athletics Consent Form</i> , I consent (student name) participating in
wrestling on the dates and/or a	ccording to the schedule provided.
	covered by very basic accident insurance for school activities. Enhanced commended for students participating in athletic events. My son/daughter h (please check):
a IA Pacific Life	(Seaboard) Insurance (enhanced coverage purchased)
b Other	
By signing this form and pern	nitting my son/daughter to participate in this/these Field Trip(s), I/we, as

parent(s)/guardian(s) – both for myself/ourselves and on behalf of our son/daughter – acknowledge that we are aware of the risks associated with this/these Field Trip(s), and agree to release and hold harmless the Calgary Catholic School District, the School, and their respective agents, servants and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son's/daughter's

participation in this/these above authorized Field Trip(s).

Date Form updated June 2002	(Print) Name of Parent	Signature of Custodial Parent/Guardian