

**School District No. 36 (Surrey)**  
**Parental Information / Permission / Consent / Waiver Form**  
**For Student Participating In Snow Activities**

Name of Student \_\_\_\_\_ (my child)

**PART 1 – TRIP INFORMATION**

(To be completed by school / trip organizer)

Name of school: Semiahmoo Secondary

Participating Grade, Class or Club: Physical Education 11/12

Trip activity: Cross Country Skiing

Trip location: Cypress Mountain (Nordic area)

Date(s) of trip(s): Dec. 14, 2018 - Dec. 14, 2018

Students will be away from the school from approximately 8:00am to 1:30pm (times)

Drop-off / pick-up at 8:00am / 1:30pm Drop no later than \_\_\_\_\_.

They will be travelling by personal vehicles (i.e. school bus).

On this field trip, approximately 6 (number) students will be participating.

The students will be supervised by 1 (number) adults while on the bus and by adults and/or ski hill employees while on the hill.

On the hill, students will be divided into groups according to their skill level, as indicated by you on this form and/or as assessed by hill instructors.

**I understand that my child may not be directly supervised at all times.**

\_\_\_\_\_  
**Parent Initial**

**Additional trip and/or supervision information:** (including a list of any documents from the hill or organizing company provided to the parents)

**There will be charges for the trip as follows:**

Transportation: personal vehicles Lift fees: included Equipment rental:  
\$ included Lesson: \_\_\_\_\_

Helmet rental: \_\_\_\_\_ Wrist guard rental: \_\_\_\_\_ Other (ie: food): \_\_\_\_\_

Please circle the charges that apply to your child and enter the total here: \$ 45 +

Rental Cost  
(If applicable)

Please make cheques payable to the School.

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**PART 2 – STUDENT INFORMATION**

(To be completed by parent or guardian)

Student's full name: \_\_\_\_\_

Student's date of birth (day/month/year): \_\_\_\_\_

BC Medical Care Card Number: \_\_\_\_\_

My child has no illnesses, allergies, disabilities or special needs (including food requirements) that may require special attention, except as described here:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

TRY FIRST – Name & Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

TRY SECOND – Name & Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Equipment:**

I will supply the following circled or listed equipment: skis – snowboard – boots – poles – helmet – wrist guards

Other: \_\_\_\_\_

I require rental of the following circled or listed equipment: skis – snowboard – boots – poles – helmet – wrist guards

Other: \_\_\_\_\_

Required if renting equipment – my child's details are:

Sex (circle): Male / Female

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Helmet size (circle): Adult / Child and S / M / L / XL

Shoe size: \_\_\_\_\_ (circle) Adult / Child

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**PART 3 – SKILL LEVEL AND ACTIVITY PERMISSIONS**

(To be completed by parent or guardian)

**I understand that participation in this trip is optional and if my child does not attend he/ she will be required to attend school and will be provided with other classroom activities.**

**CIRCLE** the appropriate activity and level of skill your child has in the chosen activity:

**Activity** – downhill skiing, snowboarding, cross country skiing, other: cross country skiing

**Beginner** – no or limited previous experience, has never done this activity or has done once before

**Minimal skills** – comfortable on easiest (green) runs, has done this activity more than twice but not often

**Intermediate skills** – comfortable on more difficult (blue) runs, does this activity often and well

**Advance/Expert skills** – able to be on advanced/challenging (black) runs, very experienced with this activity

I understand that employees of the hill may or may not individually assess my child's experience level.  
I give permission for hill staff to do so and put my child in the skill class they deem appropriate.

I understand that a lesson and/or skiing/snowboarding with a coach will be mandatory for my child.

I am aware that advanced / expert level students are sometimes permitted to attempt tricks and jumps in terrain parks or on expert runs, and that these activities may pose a greater risk to these students, including the risk of spinal cord injury, brain injury or death.

**CIRCLE** the appropriate response and initial:

I **DO / DO NOT** GRANT PERMISSION FOR MY CHILD TO ATTEMPT EXPERT (Black Diamond) RUNS. I have discussed the risks inherent in these types of runs with my child and my child is aware that he/she **is / is not** permitted to participate in these activities. Furthermore, my child agrees.

\_\_\_\_\_ Initial

I **DO / DO NOT** GRANT PERMISSION FOR MY CHILD TO ENTER A TERRAIN PARK. I have discussed the risks inherent in Terrain Parks with my child and my child is aware that he/she **is / is not** permitted to participate in Terrain Park activities. Furthermore, my child agrees.

\_\_\_\_\_ Initial

I **DO / DO NOT** GRANT PERMISSION FOR MY CHILD TO ATTEMPT TO PERFORM JUMPS AND/OR TRICKS. I have discussed the risks inherent in these activities with my child, and my child is aware that he/she **is / is not** permitted to participate in these activities. Furthermore, my child agrees.

\_\_\_\_\_ Initial

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**PART 4 – CONSENT**

(To be completed by parent or guardian)

**By signing this agreement I hereby give my consent to allow my child to participate in this school trip and confirm that:**

My child has no illnesses, allergies or disabilities that make this activity inappropriate for him/her. I know of no health related or other reason why my child should not participate in this trip.

\_\_\_\_\_ Initial

I am aware that my child's participation in this trip entails certain risks and dangers to my child which can not be eliminated, and that this activity has an inherent risk of personal injury, including but not limited to: sprains, strains, fractures, brain injury, spinal cord injury, internal injuries and death, and property and equipment damage or losses resulting from the activities.

\_\_\_\_\_ Initial

In addition to the risks described above, other risks and hazards may include, but are not limited to: motor vehicle accidents occurring on the way to or from the hill; rock fall and avalanches; weather and snow conditions including unforeseen, inclement or intemperate weather; hypothermia; frostbite; equipment failure or defects (skis, boards, t-bars, lift chairs, gondolas, etc. ); collisions with other individuals or with objects such as trees, signs, snow grooming equipment, and lift towers; poor grooming or design of hill, runs or jumps; poor or inadequate instruction or supervision; falls; injuries as a result of consumption of or exposure to food and drink; injuries occurring while using chair lifts, t-bars, etc.; delays in obtaining medical treatment or appropriate medical treatment; Injuries when attempting to perform jumps or tricks; The possibility that my child may not heed warning or safety instructions or restrictions; given to participants, thus putting himself/ herself at greater risk.

\_\_\_\_\_ Initial

I will supply suitable clothing for my child's participation in all activities associated with the field trip. I accept full responsibility for any inadequate clothing or equipment which I provide. I am aware that I should contact the school for further information if I am unclear about what clothing or equipment is required for the activities or the possible weather conditions.

\_\_\_\_\_ Initial

My child and I are aware that my child must wear a helmet appropriate for the activity.

\_\_\_\_\_ Initial

My child and I are aware that my child must wear wrist guards if snowboarding.

\_\_\_\_\_ Initial

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**PART 5 – WAIVER**

(To be completed by parent or guardian)

I have read and understood all the information listed above and materials provided. I have discussed them with my child. My child and I understand the School's Code of Conduct and the Alpine Responsibility Code apply to this trip. I will be responsible for any costs associated with my child's attendance on the trip, including the cost of any equipment rented by my child and not returned, and any other costs which arise during the trip or are caused by or associated with my child's attendance on the trip, including any extra costs to send my child home.

Accidents are common. They can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing my child to participate in this activity, I am accepting the risk of an accident and injury occurring, including death, and agree that the activity is suitable for my child. In permitting my child to attend this trip, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, to induce me to permit my child to take the trip, other than those set out in this document.

**PARENTAL/ GUARDIAN WAIVER OF LIABILITY:** I agree that in consideration of School District No. 36 (Surrey) offering my child an opportunity to participate in the trip I waive any and all claims I may have, and release from all liability and agree not to sue the Board of Education of School District No. 36 (Surrey) and its officers, employees, agents, volunteers and representatives, for any personal injury, death, property damage or loss as a result of or arising from my child's participation in the trip, arising out of any cause whatsoever, including negligence. I understand that this waives my right to sue on my own behalf, not the right for myself or a guardian to sue on my child's behalf.

I am 19 years of age or more and have read and understand the terms of this document and understand that it is binding upon me, my heirs, executors & administrators.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent(s) / Guardian(s)

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name of Parent(s) / Guardian(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**NOTE:** This form must be signed by **ALL** custodial parents or guardians of a child who is under the age of 19 years.

**STUDENT ACKNOWLEDGEMENT:**

I understand that there are risks involved with this activity. I have discussed with my parents and understand my parent's expectations, the school's expectations and the hill's expectations for my behaviour while on the trip. I agree to follow the instructions of teachers, supervisors and hill employees, abide by the school's code of conduct and the hill's code of conduct during this trip. I agree to wear a helmet at all times. I agree to wear wrist guards while snowboarding.

\_\_\_\_\_  
Student Signature