



PERMISSION FORM

Parents/Guardians, the following grade(s), class, or team is planning a school related field trip. Please read this permission form carefully, and then sign and return to your child’s school.

School: J.R. Robson	Grade(s), Class, or Team: Senior Badminton grade 10,11,12						
Title of Activity: Badminton Season	Date(s) of Trip: Various dates throughout the year based on the team schedule.						
Location of Activity: Various locations throughout the year based on the team schedule	Time of Departure: TBD	Time of Return: TBD					
Description of Activity: Badminton games							
Educational Purpose of Trip: Learn to play badminton							
Method of Transportation: School Bus School or Division Vehicle Private Vehicle Walking Other:							
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Costs to students: Transportation: \$ _____ Activity costs: \$ _____ Equipment Rental \$ _____ Other: \$ _____ Total: \$ TBD based on tournaments attended							
Supervisor/student ratio: TBD based on attendance _____ : _____	Key Supervisor Qualifications: Teacher						
Person(s) identified as the first aider: Woodward and Campbell	Teacher in charge and other BTPS staff involved in a formal supervisory capacity: Woodward and Campbell						
Description of specialized clothing or equipment required: badminton racquet							
Rules & expectations for student conduct: Be ambassadors of J.R. Robson school following all school policies							
Safety Elements & Associated Risks Educational activity programs require attention to safety. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of safety concerns related to the trip noted above. *Getting hit in the eye with a shuttle. Rolling an ankle*							
Such concerns result from the nature of the activity and can occur without fault of either the student, 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.							



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(Please see the attachment for trip itinerary)

OPT OUT

I do not give my child permission to participate in this activity.

ACKNOWLEDGEMENT:

WE HAVE READ PAGE 1, AND BY SIGNING BELOW, ACKNOWLEDGE THAT WE ALLOW OUR CHILD TO PARTICIPATE IN THE ACTIVITIES, AND IN DOING SO, RECOGNIZE AND ACCEPT THAT THERE MAY BE ASSOCIATED RISKS INVOLVED.

I give my child, _____, permission to participate in the above-described activity.
(name of student)

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date _____

Parents/Guardians: Please sign and return this form to your child's school. Thank you