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Dear Parents and Guardians:

Nose Creek students are going to have the opportunity to participate in a school wide field trip to Winsport. We have scheduled ski/snowboard days for each specific grade and would like to have as many students participate as possible. Students will be enrolled in a full day ski lesson and provided rental equipment to use for the day. The lift ticket, student bussing and rental equipment is all included in the price of this field trip. Students need to bring a lunch, water bottle and proper clothing such as a winter jacket, snow pants, toque, mitts and layered clothing.

The following ski days have been assigned for each grade.

- **GRADE 4** – Monday, November 26th, 2018
- **GRADE 5** – Tuesday, December 4th, 2018
- **GRADE 6** – Wednesday, November 28th, 2018
- **GRADE 7** – Tuesday, November 27th, 2018
- **GRADE 8** – Monday December 3rd, 2018
- **GRADE 9** – Friday November 30th, 2018

Students will be taking Southland buses at 8:15am to WinSport Ski Centre (88 Canada Olympic Road SW) and returning to Nose Creek School at 3:00pm. We ask students to be at the Nose Creek Main Gym at 8:00am on their ski day in order for prompt departure. During each ski day classroom teachers and Phys-Ed staff will accompany and supervise on and off of the hill.

The cost of this field trip is **\$30.00** for each individual student, which covers the entire ski/snowboard day and bussing.

Please pay via cash/cheques made out to "Nose Creek School" or a payment can be made **online through in your "MyCBE/PowerSchool Account"**. *In compliance with Calgary Board of Education policy, no student will be refused the right to participate due to financial reasons and if you have any concerns please contact Mr. Price at sfprice@cbe.ab.ca*

FORMS and PAYMENT are due by Thursday - November 8th, 2018

We are looking forward to the amazing day,

Scott Price
Teacher in Charge
Physical Education Learning Leader 4 – 9

Welcome to WinSport

At WinSport, we want to help you be Better Than Yesterday. Young or old, beginner or expert, WinSport's world class coaches and facilities help people reach personal bests every day. Our programs keep kids busy and active and teach skills that help them move with confidence and competence not only in sport, but in all aspects of life.

This document will help you make the most of your child's time at WinSport. Please read the details carefully and contact your teacher if you have any questions.

What will my child be doing?

- Your child is going to have fun learning new skill and abilities
- A progression card will be given to your child by their instructor indicating what skills they have mastered
- Your child will receive guided instruction, which ensures their safety and the opportunity to build a relationship with their instructor.

E: schoolprograms@winsport.ca
P: 403.202.6577





WinSport



WINSPORT™

Ski and Snowboard Participant Form

Student Name: _____

Homeroom: _____

Student Weight: _____ (lbs)

Student Height: _____ (inches)

Student Shoe Size: _____

My Child would like to participate in
(circle below & check off level)

Snowboard

SKI

SNOWBOARD

Level 1 Your child is a first time snowboarder or tried the activity once or twice many years ago.

Level 2 Your child can traverse on both edges and is starting to link some basic turns on green terrain.

Level 3 Your child can link turns on all green terrain and is progressing to blue runs. He or she is comfortable using the chairlift.

Level 4 Your child can link turns confidently on all green and blue groomed terrain and is progressing to black runs. *If your child is above a level 4, take this learning opportunity to develop new skills and try skiing.*

SKI

Level 1 Your child is a first time skier or tried the activity once or twice many years ago.

Level 2 Your child has skied a couple of times on easy green runs. He or she can stop in a wedge and perform basic turns and is comfortable in the beginner area.

Level 3 Your child can confidently make linked turns in the beginner area and on green runs. He or she is comfortable using the chairlift, is progressing to blue runs and is starting to keep skis parallel.

Level 4 Your child is confident on all green and blue groomed runs, and is progressing to black. He or she keeps skis parallel throughout the whole turn. *If your child is above a level 4, take this learning opportunity to develop new skills and try snowboarding.*



PLEASE READ CAREFULLY

STUDENT NAME: _____

SCHOOL: Nose Creek School

Select either (A) or (B) by marking an "X" in the box below

(A) My child, or I, an "Independent Student" under the School Act (in either case, the "Student"), will be given the opportunity to participate in the program or activity referred to in Schedule B.

OR

(B) My child, or I, an "Independent Student" under the School Act (the "Student"), will be given the opportunity to participate in the program and series of off-site activities for the program referred to in Schedule B.

1. As the parent or legal guardian of the Student, I agree on my own behalf and on behalf of the Student (or, as an Independent Student, I agree) to release The Calgary Board of Education ("CBE"), its Trustees, Superintendents, employees, consultants, agents and volunteers (collectively, the "CBE Group") and the Service Provider(s) of the program or activity named in Schedule B and its /their respective directors, officers and personnel (together with the CBE Group, collectively, the "Releasees") from any actions, claims, demands, losses, liabilities, damages, costs and expenses ("Losses") arising from or related to:
 - a) the program and activity/ies and any services provided to the Student during the program and activity/ies, except to the extent of Losses arising from the negligence or wilful default of any of the Releasees;
 - b) any risks and hazards inherent in or arising from the program and activities, whether foreseeable or unforeseeable;
 - c) any delay or failure to perform the program or activity/ies or related services arising due to events beyond the reasonable control of the Releasees, including without limitation, as a result of acts of God, fire, flood, epidemic, earthquake, terrorist acts, acts of war, governmental actions or changes of law; and
 - d) transportation of the Student to and from the activity/ies, including in the course of embarking or disembarking from any mode of transportation.

2. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that:
 - a) the supervisors and staff of the Service Provider are fully trained and qualified to supervise and direct the activities;
 - b) any CBE teacher or personnel accompanying the participants during the program and activities are trained and skilled as applicable;
 - c) the location and/or facilities at which the activities are carried out meet applicable health and safety standards;
 - d) any equipment made available to the Student by the Service Provider for use in the activity has been inspected by it and is deemed by it to be appropriate, safe, and well maintained;
 - e) the Student will be asked to participate in activities during the program or activity/ies that are age and observable skills appropriate; and
 - f) the Service Provider has taken all reasonable steps to ensure that any animal(s) involved in the activity are safe.

3.
 - a) I have been provided by the CBE with information about the program and activity/ies, including the general nature of certain foreseeable risks and hazards associated with the program and activity/ies as indicated in Schedule B. However I understand any such risks that may have been identified by the CBE do not constitute a comprehensive and exclusive list of foreseeable or unforeseeable risks. I am not relying solely upon such information provided by the CBE and I reserve the right to obtain additional information upon such basis as I determine.
 - b) I voluntarily acknowledge and assume on my behalf and on behalf of the Student (or I, as an Independent Student, assume) the risks and hazards, known and unknown, inherent in the nature of or arising from or related to the program and activity/ies and I understand and acknowledge that the Student (or, as an Independent Student), as a participant in the program and activities, may suffer personal and potentially serious injury, illness, property damage or loss due to the foreseeable and unforeseeable risks inherent in or related to the program and activity/ies.

Consent and Acknowledgement of Risk

4. I confirm that the Student (or I, as an Independent Student) shall comply with the CBE's policies in effect from time to time (as contained on CBE's website or as otherwise disclosed to me by CBE) and any applicable CBE or school Code of Conduct and the rules of the Service Provider (as disclosed to me) in respect of the program and activity/ies as well with the directions and instructions of the CBE and/or Service Provider(s) with respect to the program and activity/ies.
5. I acknowledge that the failure of the Student (or my failure as an Independent Student) to abide by the CBE and/or Service Provider instructions and directions and with any applicable laws during or related to the program and activity/ies may result in exclusion of the Student (or me, as an Independent Student) from the program and activities, in which event, I, as a parent or guardian will transport the Student (or I, as an Independent Student, will be responsible for departing) from the location of the activities.
6. I acknowledge that it is my responsibility to advise the CBE of any medical and health concerns as well as dietary restrictions that may affect the Student's participation (or my participation as an Independent Student) in the program and activity/ies and I consent to the sharing of such information by the CBE with the Service Provider(s) and all of their respective applicable personnel and applicable professional medical personnel as reasonably required.
7. I acknowledge and agree that the CBE and/or the Service Provider may take any actions they deem necessary for the Student's safety, health and well-being and, in the case of a medical emergency, may seek professional medical treatment and/or may transport or arrange to transport the Student (or me as an Independent Student) for emergency medical care, at my expense. **Schedule A to this Consent is a Medical Information form that I shall complete, sign and return with this form to the CBE** and I warrant that the information contained therein concerning the Student is complete and up to date.
8. I understand that I am responsible for the Student's (or, as an Independent Student, my) illegal activities arising during the program and activity/ies (including theft, vandalism or using or trafficking in illegal substances or non-prescription drugs).
9. I confirm that this Consent shall be binding upon me and, if I am a parent/legal guardian of a Student, that it shall also bind the other parent or legal guardian of the Student and the Student so that if the other parent or legal guardian or the Student shall commence any action or claim against any of the Releasees in respect of the matters herein, I indemnify the Releasees from any Losses arising therefrom.
10. I confirm that I have had the opportunity to seek independent legal advice prior to signing this Consent.

Signature: (Parent/Guardian or Independent Student)

Print Name

Contact Telephone Number

Date

Schedule A
IMPORTANT - Medical Information

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Health Information: (Teacher will have a photocopy of this information during the Off-Site Activity/ies to address health and medical needs including emergencies and may share this information with others as deemed necessary.) Can be typed or handwritten - MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT

| | |
|---------------------------|----------|
| Activity: Grade 5 Ski Day | Date(s): |
| Student Name: | |
| Date of Birth (yy/mm/dd): | |

| | | |
|-------------------|--|---------------------|
| Drug Allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specifics/Severity: |
| Food Allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specifics/Severity: |
| Insect Allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specifics/Severity: |
| Other Allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specifics/Severity: |

| | | |
|--|---|--|
| Is the student under any form of treatment for an illness, condition or injury? (including Asthma) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "yes", please elaborate. Include activities to be restricted or modified. |
|--|---|--|

Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

| NAME OF MEDICATION | REASON (OPTIONAL) | DOSAGE | HOW OFTEN? | TIME OF DAY |
|--------------------|-------------------|--------|------------|-------------|
| | | | | |
| | | | | |

Medication storage requirements: _____

Are there any known side effects to above medication(s)? If "yes", please describe: _____

Does the student have any psychological or emotional problems? If "yes", please describe: _____

Are there any recent injuries to be concerned about? If "yes", please describe: _____

Medical Treatment Restrictions (if any) e.g. blood transfusions: _____

Dietary Restrictions (if any): _____

Additional Instructions/Information: _____

Emergency Contact 1:

Name: _____

Home: _____

Mobile: _____

Work: _____

Emergency Contact 2:

Name: _____

Home: _____

Mobile: _____

Work: _____

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. Unless indicated otherwise in the Student Health Plan, the CBE, its teachers and staff will not administer the medication or supports but during school activities, shall store the medication and supports and supervise the student in self-medicating. The parent/legal guardian/Independent Student shall notify the Teacher of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

If the student is registered in a CBE High School, the requirement of teacher/staff supervision of self-medication by the student and of storing medication may be waived by the parent/legal guardian/Independent Student by marking in the box below with an "X":

I do not wish the CBE, its teachers/staff to store the student's medication or supervise the self-medication by the student.

Please note that:

1. the provisions contained in this form are subject to the CBE's Administrative Regulation 6002, as amended from time to time (available for view on the CBE website) and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Notwithstanding any of the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken, unless indicated otherwise in the Student Health Plan. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged. I confirm that the Teacher has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform the Teacher immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student prior to or during the off-site activity or trip in which the student shall be a participant. I further agree to the following:

- a) in the event of a medical emergency involving the student, the Teacher or his/her designates and any applicable CBE personnel or the Service Provider service provider may seek immediate professional medical assistance and CBE may disclose the information concerning the medications and all other relevant personal information concerning the student to professional medical advisors or paramedics as reasonably required; and
- b) if the medications are missing or damaged during the course of the off-site activity or trip, I release the CBE and any off-site service provider and its and their respective personnel, trustees, directors, officers, employees, consultants, agents, volunteers and representatives from any claims, actions, losses, damages, liabilities and costs arising therefrom.

Date

Name (please print)

Signature (Parent/Legal Guardian/Independent Student)

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your School Principal or Corporate Risk Management at (403) 817-7404.

CAN: 20964904.3

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Schedule B: Program/Activity Information

| | |
|----------------------|-----------------------|
| Teacher In Charge: | Price, Scott F |
| Service Provider(s): | Winsport Canada (COP) |

Activities

| Activity | Location/Destination | Departure (dd/mm/yy) | Return (dd/mm/yy) |
|-----------------|--|----------------------|-------------------|
| Grade 5 Ski Day | Canada Olympic Park 88 Canada Olympic Road SW Calgary, AB, Canada , T3B5R5 | 04/12/18 | 04/12/18 |

Risks/Hazards

| Source | Risk |
|---|---|
| Skiing & Snowboarding - Downhill Facility | Slips, trips and falls |
| Skiing & Snowboarding - Downhill Facility | Pre-existing medical conditions |
| Skiing & Snowboarding - Downhill Facility | Getting lost or separated from the group |
| Skiing & Snowboarding - Downhill Facility | Weather conditions |
| Skiing & Snowboarding - Downhill Facility | Collisions with objects and others |
| Skiing & Snowboarding - Downhill Facility | Equipment failure |
| Skiing & Snowboarding - Downhill Facility | Horseplay |
| Skiing & Snowboarding - Downhill Facility | Hypothermia |
| Skiing & Snowboarding - Downhill Facility | Inherent risk of activity |
| Skiing & Snowboarding - Downhill Facility | Loss of control |
| Skiing & Snowboarding - Downhill Facility | Theft |
| Skiing & Snowboarding - Downhill Facility | Weather conditions |
| Transportation - Vehicle | Accidents |
| Transportation - Vehicle | Mechanical failure |
| Transportation - Vehicle | Poor Driving Conditions |
| Transportation - Vehicle | Delay |
| Phys Ed Activities | Dehydration |
| Phys Ed Activities | Collisions with objects and others |
| Phys Ed Activities | Horseplay |
| Phys Ed Activities | Inherent risk of activity |
| Phys Ed Activities | Sport-specific injuries |
| Entire trip | Slips, trips and falls |
| Entire trip | Getting lost or separated from the group |
| Entire trip | Pre-existing medical conditions |
| Entire trip | Weather conditions |
| Entire trip | Possibility of a student being filmed or photographed |

| | |
|--------|-------------------|
| Eating | Allergies |
| Eating | Choking |
| Site | Fire & Evacuation |