



Our Lady of the Angels Catholic School
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School Web Site: <http://olaschool.eics.ab.ca>

Principal: Mr. B. Cox Assistant Principal: Mr. R. Molzan
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June 5, 2015

Dear Parent(s),



As our year draws to an end, **all** O.L.A. students will be going to the:

World Water Park at West Edmonton Mall.

Our trip will occur on **Thursday, June 25, 2015** at a cost of **\$31.00** per student. This includes Water Park passes, and a lunch coupon for a hotdog or hamburger, chips and pop. * Thank you to the Parent School Council for covering the transportation fees for this trip.

If you pay for this activity and for some reason your child cannot attend, we will **not** issue a refund, we will give you the pass that the student can use at a later time.

If your child will be attending, please fill out the consent form below, and return it with the necessary funds **no later than Friday, June 12th, 2015, as we need to purchase the passes in advance.**

All cheques are to be made payable to Our Lady of the Angels School.

- **Please understand, any students with outstanding library, textbooks, or other school fees will not be permitted to participate until outstanding fees have been collected.**

Student Name: _____

PLEASE CHOOSE: **Hamburger Meal** _____ **or Hotdog Meal** _____

Will Attend

Will **NOT** Attend

Parent Signature: _____

I am able to volunteer on the Water Park Field Trip:

Name: _____ Phone #: _____

**Elk Island Catholic Separate Regional Division #41
INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS
(Students Under 18 Years)**

The Our Lady of the Angels is arranging
(Name of School)
a field trip to West Edmonton Mall
(see attached letter for details)

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT PARTICIPATING IN THIS ACTIVITY AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs may involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in

Describe Activity Swimming, slides, hottub

Describe potential types of injury: bruises, cuts, scrapes,
swallow water, drowning

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the School Division, 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 chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

The Elk Island Catholic Separate Regional Division No. 41 does not provide accidental death, disability, or dismemberment or medical expense insurance on behalf of the students participating in this activity.

I give _____ permission to participate in the W.E.M. Waterpark
(Name of student) (Description of activity)

to be held on JUNE 25 2015
(date)

By signing this form and permitting my son/daughter to participate in this field trip/excursion, 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 field trip/excursion and agree to release and hold harmless Elk Island Catholic Schools Division, 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 the above authorized field trip/excursion. The Division will, however, be responsible for any injuries and damages suffered by the student while participating in this field trip/excursion that arises as a result of the negligence of the Division.

Date

Name of Custodial Parent/Guardian (please print)

Signature of Custodial Parent/Guardian