

# Stonybrook Middle School Event Consent Form – Skyzone & Bowling

**Teacher:** Mr. Al Thiessen

**Event Date:** Friday, February 15<sup>th</sup>, 2019

**Event Transportation:** School Bus

**Event Cost:** \$25

**Information:**

Students have registered for Skyzone and Bowling as their activity of choice as outlined in the SMS Winter Activity Day Information letter.

## GENERAL CONSENT FORM FOR EVENT

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transportation arrangements.
5. I acknowledge that it is my responsibility to advise the board of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.
6. I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

**Acknowledgement: I HAVE READ THE ABOVE. I UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, I, \_\_\_\_\_ (print name), AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO AND AGREE THAT MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THIS EVENT/ACTIVITY.**

Dated: \_\_\_\_\_ Permission Granted:  Yes  No

Full Student Name: \_\_\_\_\_

Signed Parent/Guardian: \_\_\_\_\_

Form to be kept on file at the school for 7 years.

**We confirm that we have completed the online waiver form for Skyzone. (Please circle answer)**

**Yes    No**