



# Father Michael Troy Catholic Junior High School

3630 23 St NW

Edmonton AB, Canada T6T 1W7

780-471-1962

## Athletics Field Trip Parent Permission Letter

**Field Trip Name** FMT Sr. Boys basketball

**Field Trip Activity** BASKETBALL

**School Travelling With** \_\_\_\_\_

After you have carefully read this letter, we ask that you sign and return ***only the*** "Parental Consent" portion to the school (the last page in this document). Please keep the remainder for your information and records.

### Field Trip Details

Senior Basketball at Father Michael Troy. The team has 3 tournaments: Father Michael McCaffery January 22-24, Austin O'Brien January 29-31 and Holy Trinity February 20-21. I shared a google calendar with your son. The calendar has all the practices, games and tournaments for the season. If for any reason your son cannot make one of the aforementioned activities your son must notify Mr. North. For this age group the skill level and understanding of the game is drastically different from one player to the next. All athletes will get similar play time at tournaments and exhibition games. League games play time is based on system understanding, skill set, position and practice attendance. If you have any questions or concerns the door is always open or call FMT 780-471-1962

**Schedule Attached** Yes

### Activities

Activity	Date	Time	Location	Address
Game	1/21/2026	4:15pm	Fr. Michael Troy J.H. School	3630 23 St NW Edmonton, AB
Game	1/28/2026	4:15pm	Fr. Michael Troy J.H. School	3630 23 St NW Edmonton, AB
Game	2/2/2026	4:15pm	Fr. Michael Troy J.H. School	3630 23 St NW Edmonton, AB
Game	2/4/2026	4:15pm	Louis St. Laurent Jr/Sr High	11230 43 Ave NW Edmonton, AB
Game	2/11/2026	4:15pm	H. E. Beriault J.H. School	8125 167 St NW Edmonton, AB
Game	2/18/2026	4:15pm	Father Michael McCaffery	13315 32 Ave SW, Edmonton, AB T6W 5R5
Tournament	1/22/2026	TBD	Father Michael McCaffery	13315 32 Ave SW, Edmonton, AB T6W 5R5
Tournament	1/29/2026	TBD	Austin O'Brien H.S. / St. Brendan Elem/J.H. School	6110 95 Ave NW Edmonton, AB / 9260 58 St NW Edmonton, AB
Tournament	2/20/2026	TBD	Holy Trinity H.S.	7007 28 Ave NW Edmonton, AB

**Cost** \$200.00

### Program of Studies Specific Outcomes

Basketball is part of the activities section in the physical education program of studies

**Grades Attending** 8 and 9

**Course(s) Student(s) Registered  
In**

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**Number of Attending Students** 13

**Number of Attending Administrators**   

**Number of Attending Teachers** 1

**Number of Attending Volunteers** 1

**Lead Teacher and Contact** Rod North 780-471-1962

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**Attending Administrators, Teachers, Supervisors and Volunteers**

Ken Vetsch

**Communication Plan**

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents/guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

**Method of Transportation** Bus and school transporter

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**Carrier Name** Yellow - Cunningham Transport

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**Telephone #** (780) 458-3255

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**Detailed Itinerary of the trip (Including, if applicable, information regarding accommodations)** Attached 

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**Equipment Required** Basketball uniform

**Clothing Required** Basketball uniform and shoes

**Risks - Inherent, special or unusual risks associated with the field trip**

Slip/Trip/Fall hazards associated with poor court conditions, slippery floor waxes, water or sweat on the court, players' benches, seating stands, wax burn from sliding on the court.

Injuries resulting from ankle rollovers, sprains, strains, getting caught in the net, being hit by the ball, running into steel posts of basketball nets, colliding with other players, hard fouls, hazards with chasing a ball off the court.

All manner of injuries resulting from the use of apparatus and equipment.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

All manner of injuries and/or death which may result in the transportation to and from the facility.

**Date Submitted for Approval** Jan 6, 2026

# Fr. Michael Troy J.H. School

## **PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due by: **Jan 9, 2026**

**Student Name** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Field Trip Activity** **BASKETBALL** \_\_\_\_\_

**Method of Transportation** **Bus and school transporter** \_\_\_\_\_

**Please Indicate your fieldtrip payment method:**

Online Payment for \$ \_\_\_\_\_

### **Additional Information / Explanation**

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### **MEDICAL CONDITION**

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

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I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), \_\_\_\_\_ (name of student) is to act in accordance of the Education Act, Division policy and rules as to student conduct.

I understand that pursuant to Administrative Procedures 260, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled or interrupted for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

Parent signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship:  Mother  Father  Other Legal Guardian

**Emergency Parent Contact and Phone Number** \_\_\_\_\_

**Signatures**KKC**Principal (Signature)**K. SAKERNS**Print Name**Jan 8/26**Date**Rodney North**Lead Teacher and Contact (Signature)**Rodney North**Print Name**Jan 8/2026**Date**