



Father Michael Troy Catholic Junior High School

3630 23 St NW
Edmonton AB, Canada T6T 1W7
780-471-1962

Local Field Trip Parent Permission Letter

Field Trip Name Grade 8 Retreat Camp Warwa

Field Trip Activity RETREAT

Location / Destination Camp Warwa
Darwell Alberta
T0E 0L0

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

Grade 8 Start of the Year Retreat.

Students will participate in a number of activities, such as canoeing, archery, and ziplining. The cost of this field trip is \$55/student. Students will need to bring a bagged lunch and snacks, as there is nowhere to purchase food.

Busses are supposed to arrive back at the school at 6:15pm. Parents/guardians should be at the school for pickup at 6:15pm.

Date of Field Trip	Start: <u>Sep 14, 2026</u>	Time of Departure	<u>8:45 am</u>
	End: <u>Sep 14, 2026</u>	Time of Departure from Venue	<u>5:00 pm</u>
		Time of Return	<u>6:15 pm</u>
Cost	<u>\$55</u>		

Program of Studies Specific Outcomes

Grades Attending 8

Course(s) Student(s) Registered In

Number of Attending Students 120

Number of Attending Administrators

Number of Attending Teachers 4

Number of Non-Teaching School Staff 2

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Jill De Grace (T) (780) 471 - 1962

Taught and Contact _____

Attending Administrators, Teachers & Subject(s) Taught, Supervisors and Volunteers

Callum Moore (T), Bethany Eldon (T), Courtney Kemble (T), Jill De Grace (T), Shiyama Lesley George (S), Ashley King (S)

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

Carrier Name Cunningham Transport

Telephone # (780) 458 - 3255

Equipment Required

Bagged lunch, water bottle, sunscreen, bug spray

Clothing Required

Runners, layered clothing for all weather conditions, a change of clothes just in case (we will be canoeing)

Other Information

Bring a lunch, as there is no where to purchase food

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

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

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

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

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.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes, cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

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

AERIAL PARK

Aerial Park activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which are to be executed on specialized apparatus.

All manner of injuries resulting from cable and/or harness abrasion, entanglement and other injuries resulting from activities such as climbing and any other cable techniques.

All manner of injuries resulting from use of cables, harnesses and ropes.

All manner of emotional injury resulting from the physical and psychological demands of the facility.

All manner of injuries due to improper use of the apparatus, equipment failure and/or mechanical malfunction of ropes, cables, slings, harnesses, climbing hardware, anchor points or any other part of the cable course equipment.

All manner of injuries resulting from the improper maintenance and /or operation of the park equipment.

All manner of injuries from executing strenuous and demanding, physical techniques resulting in minor injuries such as bruises, cuts, abrasions and more serious injuries such as broken bones, dislocations, muscle pulls, tendon and ligament damage, damage to teeth and dental work, head, neck and spinal injuries resulting from falling and physical contact with other participants and/or obstacles. The risks also include catastrophic injuries such as permanent and/or various degrees of paralysis or even death from landings or falls on the back, neck, or head.

All manner of injuries resulting from fatigue, chill, and/or dizziness, which may diminish the reaction time and increase the risk of accident.

All manner of injuries resulting from weather related risks such as sunny/hot temperatures (sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

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

Slip/Trip/Fall hazards associated with poor court/field conditions, slippery floor waxes, water or sweat on the court, wet grass, outdoor weather conditions.

Injuries resulting from errant arrows, cuts/scrapes from bow, hazards with retrieving arrows, ricochet hazards, horseplay, pinched fingers, punctures.

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

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

Slip/Trip/Fall hazards associated with wet dock/deck surfaces, change rooms, slippery or muddy boat launches, running, horseplay.

Injury or Drowning exposures due to capsizing, no life jacket or improper size, water too deep for student skill level, swallow water, panic, improper supervision, no life guard on duty, horseplay, inadequate life safety equipment, being hit with a paddle, inadequate training, emergency whistles.

Weather related risks such as sunny/hot temperatures (Sunburn & Dehydration), high winds (increase risk of capsizing), rain, fog, thunderstorms, lightning.

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.

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 resulting from tipping a canoe/dragon boat with possible hypothermia.

Weather changes affecting the safety of student canoeing/dragon boating.

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

All manner of injuries including but not limited to sprains, torn muscles and/or ligaments, fractures or broken bones, cuts, eye damage, scrapes, wounds, abrasions and/or contusions, oxygen shortage, head, neck, and/or spinal injuries.

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.
ROPES COURSE

All manner of injuries resulting from rope abrasion, entanglement and other injuries resulting from activities such as climbing, belaying, rappelling, rescue systems and any other rope technique.

All manner of injuries resulting from falling.

Cuts and abrasions resulting from contact with obstacles.

Failure of ropes, slings, harnesses, climbing hardware, anchor points or any other part of the rope course equipment.

All manner of head, neck, spinal injuries.

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

Injuries due to failure of equipment and / or gear; injury from falling off the climbing wall, impacting the wall, and / or the floor; rope abrasion, and other equipment related injuries; cuts, pinches, abrasions, and bruises.

All manner of injuries resulting from entanglement and other injuries resulting from activities such as climbing, belaying, rappelling, rescue systems and any other rope technique.

All manner of injuries resulting from falling climbers or objects such as rope or climbing hardware.

Cuts and abrasions resulting from contact with obstacles.

Failure of ropes, slings, harnesses, climbing hardware, anchor points or any other part of the rope course equipment.

All manner of head, neck, spinal injuries.

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

All manner of injuries resulting from swinging with the use of cables, harnesses and ropes.

All manner of injuries resulting from possible equipment failure and/or malfunction.

All manner of injuries resulting from fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of head, neck, spinal injuries.

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

Date Submitted for Approval Jun 18, 2026

Signatures



K. SACERNO

JUNE 22/26

Principal (Signature)

Print Name

Date

Jill DeGrace
Lead Teacher (Signature)

Jill DeGrace
Print Name

June 22/26
Date

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Sep 11, 2026**

Student Name _____ Grade _____

Field Trip Activity RETREAT Start Date Sep 14,2026 End Date Sep 14,2026

Location Camp Warwa
Darwell Alberta
TOE 0L0

Method of Transportation Bus

Please Indicate your fieldtrip payment method:

Online Payment for \$ _____

Additional Information / Explanation

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.

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 _____