

# 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	Boys Soccer 2025			
Field Trip Activity	SOCCER			
School Travelling	With			
		we ask that you sign and return only the "Parental Consent" portion ment). Please keep the remainder for your information and records.		
Field Trip Details				
		occer season for the FMT Trytons. The league play and playoff schedule ange if teams drop out. Players and parents will be notified.		
League games wil Tuesdays and opti	l be on Mondays, Wo ional practices on Th	ednesdays. Busses will be provided. Mandatory team practices will be on nursdays. Please visit the school calendar for specifics on games.		
Thank you in adva	nce to the players a	nd parents for your commitment to a short but intense season.		
Schedule Attache	ed Yes			
Cost \$50.00				
Program of Studi	es Specific Outcon	nes		
Team sports, soco	er skills.			
Grades Attending	7-9			
Course(s) Stude In	nt(s) Registered			
Number of Attend	ling Students	16		
Number of Attendi	ng Administrators			
Number of Attending Teachers				
Number of Non-Tea	ching School Staff			
Number of Attend	ing Volunteers	0		
Lead Teacher and Contact		Callum Moore (T)		

Attending Administrators, Teachers, Supervisors and Volunteers

Kristi Hall-Busque

#### Communication Plan

**Lead Teacher and Contact** 

(Signature)

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 Trans	portation Yello	w Bus	0.495			
Carrier Name	Cunningham Tr	Cunningham Transport				
Telephone #	780-458-3255	80-458-3255				
Detailed Itinerary of	the trip (Including,	if applicable, information re	garding accomodation	s) Attached		
Safety Precaution		kit on hand. Players will ns. Referee and coaches	warm up. Coaches will deal with unsafe	will inspect the field for unsafe e or unsportsmanlike play.		
Equipment Requ	ired Shin pad	ds, cleats, water bottle, s	un screen			
Clothing Require	d Shorts, s	soccer socks, track pants	. Jersey will be provi	ded.		
Other Information	Bussing may pick	Bussing will be provided to and from all regular season and playoff games. Parents may pick up their child at the field after games if they wish.				
Risks - Inherent,	special or unus	ual risks associated wi	th the field trip			
Slip/Trip/Fall haza parking lots, seatir	rds associated w ng stands.	rith poor field conditions,	wet weather, stairwa	ays to fields, player's benches		
Injuries resulting fr soccer nets, collidi	om sprains, stra ng with other pla	ins, cleats, hard tackles, ayers, proper equipment	being hit by the ball, equired.	running into steel posts of		
Weather related ris	sks such as sunr ms, lightning.	ny/hot temperatures (Sun	burn & Heat exhaus	tion), high winds, rain, fog,		
All manner of injur	ies and/or death	which may result in the t	ransportation to and	from the facility.		
Date Submitted for	or Approval Sep	9, 2025				
Signatures						
Principal (Signatu	rol	K. SACELN=		iept 9/2s		
- Inicipal (Signatu	16)	Print Name	Dat	te 9/25		
LLE		CALLUM MOCK	SE SE	PT 9/25		

**Print Name** 

Date

# Fr. Michael Troy J.H. School PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Sep 12, 2025

Student Name	Grade				
Field Trip Activity SOCCER					
Method of Transportation Yellow Bus					
Please Indicate your fieldtrip payment method:					
Cash \$ Interact or Credit payment in office for \$ 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),					
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					

#### **GAME SCHEDULE & LOCATIONS**

### Monday September 15, 2025 - AWAY

FMT @ CLEM

4:15PM

St. Clement: 7620 Mill Woods Rd S, Edmonton, AB T6K 4A7

## Wednesday September 17, 2025 - HOME

CC @ FMT

4:15PM

#### Monday September 22, 2025 - HOME

STA @ FMT

4:15PM

### Tuesday September 23, 2025 - AWAY

FMT @ JC 4:15PM

Joan Carr: 1140 Keswick Dr SW, Edmonton, AB T6W 4J4

## Wednesday September 24, 2025 - HOME

Hilda @ FMT

4:15Pm

Division Quarter Finals September 29, 2025 Division Semi Finals October 1, 2025 Division Finals October 2, 2025