EDMONTON CATHOLIC SCHOOLS

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 Junior Volleyball

Field Trip Activity VOLLEYBALL

School Travelling With n/a

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

Students will participate in 4 league games and one tournament.

Activities

Activity	Date	Time	Location	Address
Game	11/5/2026	2:30pm-7:30pm	Mon. Fee Otterson Elem/J.H.	1834 Rutherford Rd SW Edmonton, AB
Game	11/7/2026	9:00am-7:00pm	EVP Centre	9455 45 Avenue
Game	11/18/2026	2:30pm-7:30pm	St. Thomas Aquinas Elem/J.H.	420 Desrochers Blvd SW Edmonton, AB
Game	11/24/2026	2:30pm-7:30pm	St. John XXIII Elem/J.H School	365 Windermere Rd NW Edmonton, AB
Game	12/10/2026	2:30pm-7:30pm	St. John XXIII Elem/J.H School	365 Windermere Rd NW Edmonton, AB

Cost $60

Program of Studies Specific Outcomes

Extra curricular, but the sport of volleyball covers many outcomes from the PE curriculum.

Grades Attending 7 and 8

Course(s) Student(s) Registered In

Number of Attending Students 27

Number of Attending Administrators _____

Number of Attending Teachers 2

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 1

Lead Teacher and Contact Kiana Khonaisser (T) Kathleen Lewis (T)

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 School Bus

Carrier Name Yellow - Cunningham Transport

Telephone # (780) 458-3255

Detailed Itinerary of the trip (Including, if applicable, information regarding accomodations) Attached _____

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 volleyball nets, colliding with other players.

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.

N/A

Date Submitted for Approval Nov 2, 2026

Signatures

Principal (Signature)	**Print Name** K. Saccomo	**Date** Nov 2/26
Lead Teacher and Contact (Signature)	**Print Name** Kat Lewis / Kiana Khonaisser	**Date** Nov 2/26

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Nov 4, 2026**

Student Name _____ **Grade** _____

Field Trip Activity VOLLEYBALL

Method of Transportation School 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 _____