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 Cross Country Running Trial and City Final Race

Field Trip Activity CROSS COUNTRY RUNNING

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

Students will participate in the Cross Country trial race on Thursday, September 25th and the City Final race on Thursday, October 2nd. If there is a rainout on the 2nd, the students will run the City Final race on Friday, October 3rd.

Activities

Activity	Date	Time	Location	Address
Game	9/25/2025	11:00 - 3:30	Rundle Park	2909 113 Ave NW
Game	10/2/2025	11:00 - 3:30	Rundle Park	2909 113 Ave NW
Game	10/3/2025	11:00 - 3:30	Rundle Park	2909 113 Ave NW

Cost $16.50

Program of Studies Specific Outcomes

Grades Attending 7-9

Course(s) Student(s) Registered In

Number of Attending Students 45

Number of Attending Administrators _____

Number of Attending Teachers 1

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher and Contact Jill De Grace (T) (780) 471 - 1962

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

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

Equipment Required Runners and water bottle

Clothing Required Dress in layers and dress for the weather, as we will be outside the whole time. NO HEADPHONES ALLOWED during the race.

Other Information Students will be called out of fourth block early on the Thursday to board the bus and return to the school by 3:00.

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

Cross Country Running is a vigorous physical activity with inherent risks such as ankle rollovers, sprains, strains.

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

All manner of injuries resulting in dislocations, concussions, 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 Sep 11, 2025

Signatures

Principal (Signature)	K. Sacrino **Print Name**	Sept 12/25 **Date**
Jill DeGrace **Lead Teacher and Contact (Signature)**	Jill DeGrace **Print Name**	Sept 12/25 **Date**

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Sep 19, 2025**

Student Name _____ **Grade** _____

Field Trip Activity CROSS COUNTRY RUNNING

Method of Transportation 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), _____ (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 _____

☆ year of birth _____