



**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** Flag Rugby

**Field Trip Activity** Flag Rugby League Games and Tournaments

**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 be traveling to different schools for league games and to different rugby clubs for tournaments.

**Activities**

Activity	Date	Time	Location	Address
Game	4/28/2026	4:00pm to 5:15pm	kisêwâtisiwin	1434 80 St NW, Edmonton, AB T6K 2C6
Game	5/5/2026	4:00pm to 5:15pm	Fr. Michael Troy J.H. School	3630 23 St NW Edmonton, AB
Tournament	5/8/2026	3:30pm to 6:30pm	Edmonton Clansmen Rugby Club	11060 111 Ave NW, Edmonton, AB T5N 3X8
Game	5/12/2026	4:00pm to 5:30pm	Riverbend JH	14820 53 Ave NW, Edmonton, AB T6H 4C6
Game	5/19/2026	4:00pm to 5:00pm	Balwin JH	7055 132 Ave NW, Edmonton, AB T5C 2A7
Tournament	5/26/2026	4:00pm to 9:30pm	Nor'westers Rugby Park	711 50 Street SW Edmonton, AB T6X 1A4

**Cost** \$41

**Program of Studies Specific Outcomes**

**Grades Attending** 7, 8, 9

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

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**Number of Attending Students** 29

**Number of Attending Administrators** 0

**Number of Attending Teachers** 2

**Number of Non-Teaching School Staff** 0

**Number of Attending Volunteers**      0

**Lead Teacher and Contact**      Callum Moore (T)

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

Sara Nestorovich (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**      Bus

**Carrier Name**      Yellow - Cunningham Transport

**Telephone #**      (780) 458-3255

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

**Equipment Required**      Cleats

**Clothing Required**      black shorts/sweatpants/leggings without pockets

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

**Fr. Michael Troy J.H. School**

**PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due by: **Apr 28, 2026**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Field Trip Activity Flag Rugby League Games and Tournaments

Method of Transportation Bus

Please Indicate your fieldtrip payment method:

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 \_\_\_\_\_

Slip/Trip/Fall hazards associated with poor field conditions, wet weather, stairways to fields, player's benches, parking lots, seating stands.  
Injuries resulting from concussions, sprains, strains, being hit by the ball, running into steel posts of uprights, colliding with other players, illegal tackles.  
Injuries resulting from ankle rollovers, sprains, strains, being hit by the ball, running into steel posts, colliding with other players, hard fouls.

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.  
Weather related risks such as sunny/hot temperatures (Sunburn & Heat exhaustion), 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.

TRANSPORTATION

Motor traffic exposures such as intersections, high traffic volumes, speeding vehicles, blind spots, crosswalks, railway crossings, construction zones.  
Weather related injuries resulting from high winds, rain, fog, snow, thunder storms, lightning.  
All manner of injuries and/or death which may result in the transportation and transitions to and from each destination and facility.

Date Submitted for Approval Apr 20, 2026

Signatures

Principal (Signature)   
Lead Teacher and Contact (Signature) 

Print Name K. SACERNO  
Print Name CALUM MOORE

Date April 22/26  
Date April 22/26