



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 RENAISSANCE

Field Trip Activity BOWLING

Location / Destination GATEWAY LANES
3414 GATEWAY BLVD EDMONTON AB T6J 6R5

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

This is our yearly Renaissance field trip for students who received the Father Troy Award at our Renaissance Rally. Students will be going to Gateway Lanes to bowl two games. Make sure that they are wearing socks that day as they will need them for the rented bowling shoes.

Date of Field Trip	Start: <u>May 7, 2026</u>	Time of Departure <u>8:40 am</u>
	End: <u>May 7, 2026</u>	Time of Departure from Venue <u>11:15 am</u>
		Time of Return <u>11:45 am</u>
Cost	\$17.60 total (Cost breakdown: \$12.60 for bowling 2 games and shoe rental & \$5 for transportation)	

Program of Studies Specific Outcomes

Learning to apply activities designed to enhance both mental and physical health.
Use knowledge of a healthy, active lifestyle to promote and encourage family/peer/community involvement.

Grades Attending 7, 8, 9

Course(s) Student(s) Registered In _____

Number of Attending Students 132

Number of Attending Administrators 0

Number of Attending Teachers 3

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Dana Bodmer-Hoff 780-471-1962

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

Jill De Grace (T) & Clotilde Grijo (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

Equipment Required

Socks

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

Slip/Trip/Fall hazards associated with poor floor conditions, slippery floor waxes, slippery shoes.

Injuries resulting from bowling ball falling on body parts, pulled muscles delivering the ball, errant balls, horseplay, pinched fingers.

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.

All manner of injuries resulting in dislocations, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

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 Apr 8, 2026

Signatures



Principal (Signature)

K. SALCINO

Print Name

April 8 / 26

Date



Lead Teacher (Signature)

D. Bodmer-Hoff

Print Name

8. April 2026

Date

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Apr 27, 2026**

Student Name _____ Grade _____

Field Trip Activity BOWLING Start Date May 7,2026 End Date May 7,2026

Location GATEWAY LANES
3414 GATEWAY BLVD EDMONTON AB T6J 6R5

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 _____