



Mount Hope



School Phone: (905) 679-4145

**KEEP**

Date **MON. SEPT. 16, 2019**

Please keep this form at home for your information

Dear Parent/Guardian:

**MOUNT HOPE STAFF**

As an extension of the curricular program, the \_\_\_\_\_ is/are planning an excursion.

Location: **CHRISTIE CONSERVATION AREA HIGHWAY #5 DUNDAS** Activity: **CROSS COUNTRY**

Date(s)/Time(s) Leaving the School: **TUES. OCT. 8, 2019 8:45 AM**

Date(s)/Time(s) Returning to School: **TUES. OCT. 8, 2019 2:30 PM**

Transportation Method: **BADDER**

Non-Staff Volunteers/Drivers will not be participating in this activity.

The cost per pupil for the excursion is **\$ 5.00**

We encourage you to pay online, cash/cheque also accepted.

Students are required to bring: **FOOD, WATER**

The excursion is part of the regular school program. It is intended the students will learn:

**CROSS COUNTRY MEET**

Expectations regarding student behaviour are the same as those for the regular school day. While we do not anticipate any problems, any serious breach of the School Code of Conduct on the part of the student may result in the student being sent home at the expense of the parent/guardian and further disciplinary action may be imposed.

Student information contained in your child's school records will be taken along on the excursion and will be used only in the case of an emergency. Please ensure the following elements in your child's student information record is up-to-date. Notify the school office immediately of any changes:

- Parents/Guardians and Home Address/Phone Numbers
- Emergency Contact Names/Phone Numbers
- Medical/Health Concerns

We are looking forward to an exciting and educationally enriching excursion. Please indicate your acceptance of the conditions outlined above by completing and returning to the school the attached consent form by  **TUES. SEPT. 24, 2019**

**NA** Volunteers **NA** Volunteer Drivers are needed. Please contact your child's teacher if interested.

Please contact your child's teacher or the School Principal if you have any concerns or if your child requires any special accommodations for this activity.

Sincerely,

(Teacher in Charge)

*M. Rowley*  
(Principal)

**C. YOUNG**  
**T. HORNE**

**Hamilton Wentworth District School Board  
Elementary Cross Country Information for Parents  
Grades 3-8**

**Location:** Christie Conservation Area (Highway #5), Dundas

**When:**

**TUES. OCT. 8, 2019**

**Order of Races:**

Grade 8 Girls	10:00 am
Grade 8 Boys	10:15 am
Grade 7 Girls	10:30 am
Grade 7 Boys	10:45 am
Grade 6 Girls	11:00 am
Grade 6 Boys	11:15 am
Grade 5 Girls	11:30 am
Grade 5 Boys	11:45 am
Grade 4 Girls	12:00 am
Grade 4 Boys	12:15 am
Grade 3 Girls	12:30 am
Grade 3 Boys	12:45 am

# HWDSB

Parent / Guardian Information for Interschool Athletics

**KEEP**

SCHOOL: MOUNT HOPE

**Information**

Teacher / Coach In Charge: C. YOUNG / T. HORNE Date(s) of Trip: See attached schedule

Departure Time (s): See attached schedule

Number of Supervisors: \_\_\_\_\_ Male Staff: 1 Female Staff: 1 Volunteers 5

See reverse side for volunteers/volunteer driver's responsibilities. If you wish to volunteer please contact the school and complete the applicable volunteer forms.

Number of Students: 70 Cost to Student: \$ 50.00

Subsidy per Student NA Costs non-refundable after: MON. OCT. 7, 2019

Payment and Student Athlete Information Package due by: \_\_\_\_\_  
Due Date

**A STUDENT MAY NOT PARTICIPATE IN ANY PRACTICES OR SPORT COMPETITIONS UNTIL THE SCHOOL RECEIVES PARENT/GUARDIAN APPROVAL.**

**Emergency Medical and Contact Information**

Parents/Guardians are responsible to ensure the school has the most up to date Student Emergency/Medical Contact Information. Please ensure that the Student Emergency Medical/Contact Information is still accurate and has not changed since the information was collected in September.

**Game Locations / Destinations**

The location of practices, exhibition games, tournaments and league games known to this point have been listed on the attached schedule. League games and practices occur at facilities within the City of Hamilton; unless indicated otherwise, the same applies to exhibition games. Participation in events outside the City of Hamilton are noted in the attached schedule. Please refer to the schedule provided by your coach or check [www.hwdsb.on.ca/athletics](http://www.hwdsb.on.ca/athletics) for schedule information.

*It is common practice for athletic teams to add events to their schedule as the season progresses. An example would be a game rescheduled or playoff games required to fulfill league commitments. In addition teams may gain acceptance to participate in special events such as tournaments which are not known prior to the start of the season. Should events be added to the team schedule that occur outside the City of Hamilton or beyond the declared timeframe of the activity, it will be the responsibility of the school to inform the parent/guardian of these additions and the responsibility of the parent/guardian to inform the school of any change in consent to participate and or excuse student from class.*

**Transportation**

When a student travels to the activity using transportation that has NOT been arranged by the school, SUCH STUDENT WILL NOT BE UNDER THE SUPERVISION OF ANY SCHOOL OR HWDSB EMPLOYEE during the period between excusal and reporting to his/her coach upon arrival at the activity location as well as after the activity has ended.

Authorizing the student to participate in the sport activity/activities as outlined in the Student Information Permission package also authorizes his/her early excusal from school on the days when such sport activity/activities are scheduled to take place;

Transportation to and from games which occur in the City of Hamilton is the responsibility of the parent/guardian unless otherwise arranged by the school.

When the school arranges transportation, it may use volunteer drivers in accordance with the HWDSB's Policy regarding such drivers (see <http://www.hwdsb.on.ca/about/policies/>); the games where the school arranges transportation will be denoted clearly on the attached schedule.

## Athlete Code of Conduct

1. It is a privilege – not a right – to play for an interscholastic team. While there are many advantages, there are also a certain number of responsibilities.
2. It is your duty to promote good sportsmanship between your own teammates, and to appreciate what your opponents do well.
3. Please educate your friends and family as to how to view a contest. Tell them to cheer for you – not malign the other team or the officials.
4. Officials and coaches must be treated with the highest degree of respect. Sport is best when everyone understands that – right or wrong – the word of the official is final. You must remember that often the community forms an opinion of your school based on your actions. You represent your school on the playing field and in the community.
5. Set a good example for your teammates. Encourage team members to act in a way that will enhance the morale of the team. The team must be free from:
  - a. foul language;
  - b. physical and verbal abuse of players;
  - c. comments relating to ethnic or religious origin;
  - d. Negative comments – of any kind – directed towards teammates or your opponent.
6. Students are a member of a team. Concern yourself with what is going on in the game. Do not concern yourself with the activities of the spectators. Appreciate the spectator support and cheering, but do not interact with them during the game.
7. Being a team member requires a commitment to your teammates, your coach and your school. You are expected to fulfil this commitment throughout the entire season.
8. A player must be in school the day of the contest in order to be eligible to participate that day.
9. A player must agree to be tobacco/non-prescription drug/alcohol free within the team environment.
10. HWDSB complies with OFSAA (Ontario Federation of School Athletic Associations) transfer policies for interscholastic activities. Every student who has been registered as a transfer from another school within the previous twelve (12) months is ineligible for sanctioned events unless he/she appeals and is deemed eligible under one of the four sections the policy.

In the event my actions violate this code of behaviour or the rules of the game, I understand I am subject to disciplinary action specified in the rules of the game and possibly supplemental discipline specified in the constitution of the Hamilton-Wentworth Interscholastic Council. Such supplemental discipline may include, but is not limited to, possible suspension from a subsequent game(s) or suspension and even prohibition from participation in all athletic activities governed by the Council.

Furthermore, schools may act to take additional discipline measures for behavior contra deeming the school code of conduct policy.

# HWDSB

## Responsibilities of Parent/Guardian, Student, Supervisor and Volunteer Drivers

### Parent/Guardian

- Complete all appropriate forms and return to school with funds by date indicated.
- **Update emergency health information**
- Arrange transportation to sporting event if NOT provided by school
- Review trip expectations, School Code of Conduct, Code of Conduct on School Related Vehicles
- Continue to provide daily required and emergency medications as customary in school setting
- If applicable, provide additional student insurance

### Student

- Comply with Codes of Conduct
- A reminder you are a representative of the school and the school board. Please act accordingly within the guidelines the code of conduct.

### Volunteer Supervisor

- Be well informed about the details of the student trip and responsibilities
- Model appropriate standards of behavior
- Report any accident, injury or discipline issues to the teacher in charge of excursion
- Respect the confidentiality of the student, teacher and the school

### Volunteer Driver

- Meet requirements of Volunteer Driver Form as per Volunteer Policy 2.11
- Obtain Police Vulnerable Sector Screen
- Complete and return Volunteer Driver Form and submit Vulnerable Sector Screen to school
- Ensure children under 12 years of age are seated in the back seats if vehicle has front passenger air bags
- **If you wish to volunteer please contact the school and complete the applicable volunteer forms**

**NOTE: Students driving self are not covered under the school board's Non-Owned Automobile Insurance Coverage. A declaration and proof of insurance is required for all Volunteer Drivers**



Please return this form to the school

# RETURN

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM, ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY

School: Mount Hope

Date of Excursion: TUES. OCT. 8, 2019

Location: CHARISTIE CONSERVATION AREA HIGHWAY #5 DUNDAS

Activity: CROSS COUNTRY

Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:

- 1. TRAVEL RELATED INJURIES
- 2. SPRAINS, STRAINS
- 3. SLIPS FALLS
- 4.

MON. SEPT. 16, 2019

I/We acknowledge receipt of the letter dated \_\_\_\_\_ from the school with respect to the upcoming student excursion. We authorize transportation by **BADDER**

I/We understand that excursions contain an element or risk and accidents may occur that may result in injury and/or loss without fault of either the student, or the school board, its' employees or the facility where the activity is taking place.

I/We understand that by choosing to allow the student to participate in this activity, you must understand that you bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.

I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Reliable Life at 1-800-463-KIDS (5437) or online at [www.insuremykids.com](http://www.insuremykids.com).

I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.

I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.

I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.

I/We understand Hamilton-Wentworth District School Board nor the School, will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation by the board.

I/WE HAVE READ THE ABOVE AND WE UNDERSTAND IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.

Names of Student: \_\_\_\_\_

Teacher: **C. YOUNG T. HORNE**

Signature of Student (if over 18): \_\_\_\_\_

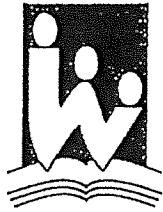
Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE CHECK BOX FOR METHOD OF PAYMENT:  ONLINE  CASH  CHEQUE

I am interested in volunteering. Please contact me to initiate the volunteer screening process.



Choose School Name

Please return this form to the school

Excursion Location: **CHRISTIE CONSERVATION  
AREA HIGHWAY #5 DUNDAS**  
Date(s) of Excursion: **TUES. OCT. 8, 2019**  
Grade(s): **3-8**

**RETURN**

Class/Course/Group: **3-8**

*At the conclusion of this excursion/series of excursions, this form will be shredded by the school.*

To be completed by the parent/guardian:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*In the event of an emergency during this excursion, please list in order of priority who should be contacted:*

Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: \_\_\_\_\_

Life Threatening: Yes  No

Epipen: Yes  No

Other Medical Conditions/Restrictions/Limitations: \_\_\_\_\_

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): \_\_\_\_\_

**FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY**

Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Provider Contact Telephone: \_\_\_\_\_ Proof of Coverage: Yes  No

**Consent of Parent/Guardian**

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_