



**PERMISSION/ACKNOWLEDGEMENT FOR  
EDUCATIONAL EXCURSIONS and  
ATHLETIC/CO-CURRICULAR PARTICIPATION**

**THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF A PARTICIPATING STUDENT. STUDENTS 18 YEARS OF AGE AND OLDER MAY SIGN ON THEIR OWN BEHALF.**

St. Michael Catholic Secondary School of the Huron-Perth Catholic District School Board is arranging:

**Warrior Cross-Country Team**

**Elements of Risk**

Educational excursions and programs, such as the event described above, involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. By choosing to permit your child to participate in the activity, you are assuming the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

The Huron-Perth Catholic District School Board does not provide any accidental death, disability, dismemberment, dental, or medical expenses insurance on behalf of the students participating in this activity.

**Initiations and Hazing**

St. Michael Catholic Secondary School of The Huron Perth Catholic District School Board is directly opposed to hazing of any form and the initiations of student athletes. No person or organization shall create, or permit to exist, any situation that recklessly or intentionally endangers the mental or physical health of a student enrolled at St. Michael Catholic Secondary School. Any player/student having been involved in or having knowledge of any form of hazing, degrading or otherwise, shall be automatically removed from participating in any extra-curricular activities with St. Michael Catholic Secondary School. The length of removal from extra-curricular activities will be determined by the principal of St. Michael Catholic Secondary School. In addition the student may/will be subject to consequences as outlined in the Safe Schools Act or Bill 212.

**NOTE TO PARENT(S):**

1. **If volunteer drivers are used, I give permission for my son/daughter to travel with a volunteer driver.**
2. **Students are not permitted to drive other students.**
3. **Please return this form in its entirety.**

Yes  No

**Please list any medical conditions or procedures (e.g. diabetes, asthma, allergies, etc.) that pertain to your son/daughter.**

\_\_\_\_\_  
\_\_\_\_\_

**Permission and Acknowledgement**

I have read the above and give \_\_\_\_\_  
(name of student)

permission to participate in **Warrior Cross Country Team** (meets and practices) \_\_\_\_\_ to be held on or about running  
inclusively from **September 2017 to November 2017**.

Signature of parent/guardian/adult student: \_\_\_\_\_

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

Parent Email Address \_\_\_\_\_

Student Email Address \_\_\_\_\_