



LORD SELKIRK SCHOOL DIVISION
Informed Consent/Permission Form For Education Trips
(students under 18 years)

SCHOOL: LOCKPORT SCHOOL

ACTIVITIES: VOLLEYBALL, BASKETBALL, BADMINTON, ESPORTS, CROSS COUNTRY, INDOOR & OUTDOOR TRACK DATE OF ACTIVITIES: 2023-2024 School Year

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

Educational activity programs, such as the above activity involve certain elements of risk. Injuries may occur while participating in these activities. These types of injuries may be minor or serious.

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

Lord Selkirk School Division carries Universal Student Accident Insurance which provides coverage for full-time Division students including while at school, while involved in school activities away from school premises, and while traveling to or from school or a school activity.

For complete coverage information, please see Student Accident Insurance on the Division website at www.lssd.ca, as well as on your School website.

The participants are expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration and/or supervisor.

ACKNOWLEDGEMENT:

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

Name of Student (print): _____ Signature: _____ Date: _____

Name of Parent/Guardian: _____ Signature: _____ Date: _____
(print)

PERMISSION:

I give _____ permission to participate in any of the extracurricular activities as listed above
(unless otherwise advised by parent/guardian)
to be held on or about _____ (date).

Name of Parent/Guardian (print): _____

Signature of Parent/Guardian: _____ Date: _____

**LOCKPORT SCHOOL
ATHLETIC PARENTAL CONSENT FORM**

DATE: _____

Name of Athlete _____

Address _____ Phone _____

Date of Birth _____ Sex M ___ F ___

Father's Name _____ Bus. Phone _____

Home Address _____

Mother's Name _____ Bus. Phone _____

Home Address _____

Business Address _____

Personal Health # _____ Manitoba Medical # _____
(9 digit number)

Student Accident Insurance/Blue Cross Insurance, etc. # _____

Knowledge of any medical condition that would affect my son's/daughter's participation in athletic (please specify) ex. Allergies, heart problems, diabetes, etc.

I give my permission as parent/legal guardian of _____

To participate in the athletic program. Also, I confirm that my child is medically fit to participate in the team's activities.

NOTE: When students are on a school team, they will be driven to games/tournaments by volunteer drivers, normally parents or the coach

_____ Date _____
(Parent/Guardian signature)