

**FORM 1610-30A Field Trip/Extracurricular Trip Consent Form**To the Parents(s)/Guardian(s) of CHSS Debate TeamSchool: CHSS Grade: 9-12

Please read the contents of this Consent form.
Clarify any questions or concerns with the Lead teacher PRIOR to signing it.

PROGRAM / ACTIVITY INFORMATIONDestination/Activity: Thunder and Lightning Debate Tournament Date(s): Dec. 10, 2025Purpose (or Educational Goals): Speech and debateItinerary / Activities: Learn about how to compete, lunch as a team, practice tournamentMethod of Transportation: Meet at Booth building, bus to lunch By: _____**Depart on** _____ **at** _____ **(time) from** Starts at 8:45 AM.**Return on** _____ **at** _____ **(time) to** Ends at 3:01 PM.Lead Teacher: Mr. Kertes contact # 778-884-5343 No. of supervisors Planned: One (for 18 students)Supervisory Arrangements: Mr. Kertes will superviseCost to the Student: None What to bring: _____Additional Comments: Meet at the Booth building (upper lot) for tournament practice

THE REMAINDER OF THIS FORM MUST BE RETURNED COMPLETED. IF NOT RETURNED COMPLETED, THEN PARTICIPATION WILL BE DENIED.

CONSENT AND ACKNOWLEDGEMENT OF RISKDestination / Activity: Debate Team Tournament Date: Dec. 10, 2025

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transportation arrangements and will be responsible for any costs associated.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child that may affect his/her participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) _____ (Date of Birth) _____
_____ has my permission to participate.

Date: _____ Name (Please print): _____

Signature: _____

Contact phone number _____

Medical Coverage Number if requested: Yes ☐ No ☐ _____

Special Comments: (medical concerns etc..) _____

Personal information contained on this form is collected under the authority of the Schools Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.