



Cariboo-Chilcotin School District No. 27
PARENT/GUARDIAN CONSENT and ACKNOWLEDGEMENT of RISK for LOW or
MODERATE RISK DAY or OVERNIGHT FIELD TRIPS

SCHOOL: Graduation Routes Other Ways

TRIP INFORMATION

FIELD TRIP NAME Cross Country Skiing at Bull Mountain Cross Country Ski Facility

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

This form must be signed and returned to the school by 16-Jan-2023 for your child to attend the field trip.

OPTIONAL NATURE OF FIELD TRIP

A viable and planned educational program will be made available in the school for students who do not participate in this optional field trip

PROGRAM/ACTIVITY INFORMATION

Destination Bull Mountain Cross Country Skiing - Deep Creek

Date(s) 24-Jan-2023 to 24-Jan-2023

Learning Goals and/or curricular connections Students do not have a regular PE Class, and as such these organized activities help to foster sportsmanship and belonging.

Method of transportation Private Vehicles

Lead teacher Lacey Tomlinson and Virginia Ivey

Total no. of supervisors planned 2

Supervisory arrangements Both Supervisors have cross country ski equipment and will be accompanying the students during their lessons and while the students are on the trails. Both Supervisors are knowledgeable about the Bull Mountain Cross Country Ski System.

Comment on Costs Students either have their own cross-country ski equipment, or the parents will rent their child's equipment at Bull Mountain for the cost of \$15.00 a student.

What to bring Warm Clothes (mittens, toque, winter jacket, winter ski pants, winter boots), lunch, and water to drink. Students

have the option of bringing their own ski equipment or renting from the Bull Mountain Cross-Country Ski Facility. Finally, parents must accompany their children on the trip with their own ski equipment or rented equipment from the Bull Mountain Cross-Country Ski Facility.

Student training/Preparation to be able to participate safely

Students will be provided a lesson on cross country skiing at Bull Mountain by the staff of Bull Mountain; therefore, no preparation is required on their part. Lessons will be broken into Beginner, Intermediate, and Advanced depending upon the student skill level (previous experience). Lessons will occur for three hours in the morning (9:00 am until 12:00 pm).

Board Responsibilities

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. Planning is in place to identify and manage known potential risks.
- f. Planning is in place to deal with an injury to or illness of any of the students.

POTENTIAL KNOWN RISKS

Wild Animals

OTHER RISKS

Cross-country skiing can result in slips, cuts, head injuries, strained backs, broken bones, cold/frozen skin, or overheating of body temperature. This can occur due to: Ski equipment failure (broken boot, bindings, skis, or poles). The skier being inexperienced and proceeding too quickly on the trail. Skier not hydrating. Skier not dressed appropriately. Exhaustive List of possible injuries: Skin abrasions: cuts, grazes, or damage to the soft tissue in the skin. Shoulder separation: damage of the AC joint ligament situated at the outer side of the collar bone, attached to the front of the shoulder blade. Broken collarbone: extremely painful and can make it difficult to lift your arm. Knee sprain: resulting in skis going in opposite directions. Lower back pain: this is a result of a skier falling backwards or absorbing too many shocks from the bumps on the trail. Carpal tunnel syndrome: caused by pressure on the median nerve in the wrist which provides feeling to your thumb, index, and middle fingers. Wrist fractures and breaks: resulting in using your hand to minimize the impact on crashes. Contusion or concussion: head injury that occurs due to crashes.

CONTINGENCY PLAN (should situations dictate a change to logistics)

If weather is poor (rain, snow or extreme cold), the event will be cancelled.

EMERGENCY PLAN (in case of student injury or illness)

First Aide "bag" is taken on the trip. Cell phone coverage for all riding areas. Given serious injury, 911 can be called to receive support. Parents are on the trip and can transport child to hospital if required.

ADDITIONAL COMMENTS or INFORMATION ABOUT TRIP:

Agenda: 9:00 am Students arrive Students broken into appropriate skill levels and put on their ski equipment 9:30 am - 12:00 pm Students receive lessons (Beginner, Intermediate and Advanced) from the Bull Mountain Staff
12:00 pm - 12:30 pm Lunch 12:30 pm - 2:30 pm Students broken into skill levels and taken out onto the ski trails
2:30 pm Event concludes



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Sign and return this page by 16-Jan-2023. Retain other pages for your information

CONSENT AND ACKNOWLEDGEMENT OF RISK

FIELD TRIP NAME Cross Country Skiing at Bull Mountain
Cross Country Ski Facility

DESTINATION Bull Mountain Cross Country Skiing -
Deep Creek

Dates(s) 24-Jan-2023; 24-Jan-2023

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school board.
2. 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 participation.
3. I have reinforced with my child the expectation to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require exclusion from further participation, or that I be contacted to pick up my child, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that affect participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medicals services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgment, and consents as described herein,

(Full Name of Student)has my permission to participate.

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Date

Parent/Guardian Name (please print)

Signature

Parent/Guardian
Contact Numbers:

Day.....

Evening.....