### Bashaw School

## Battle River School Division No. 31

## Tennis 2018

## The Bashaw School Jr Sp Pf class will be practicing Tennis at the following schools/sites as per the following schedule:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Initial** | **DATE** | **Transportation** | **LOCATION** | **Risks** |
|  | Sports Performance Class – TWR May/June 2018 | Walking | Bashaw Tennis Courts | Tennis Elbow Death Hit by car Sunstroke Etc |

Coach(s)/Instructor(s):

 Jr Boys Mr. Kyle McIntosh

 Jr Girls

Students will be required to follow all applicable school rules for the duration of the trip.

Information about my child that the coach needs to know for these activities: (Medical or other)

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

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

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

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

Emergency contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Battle River School Division #31 **does not** provide extensive accidental death, disability, or dismemberment or medical expense insurance on behalf of the students participating in this activity. The Board only provides a **basic** coverage with limited coverage for Battle River School Division #31 students in attendance at or participating in any school activity approved and supervised by proper school authority.

**PARENTAL PERMISSION**

If my child requires medical attention, I authorize the supervisor(s) to seek necessary medical treatment.

I am aware of the schedule, commitment and travel required for my child to participate on this team and I give my permission to attend the above noted scheduled games.

I understand that the schedule may change and alternate dates and times may occur. I understand that my child will travel by \_\_\_\_\_\_foot and I consent to this.

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

 Signature of Parent/Guardian Date