



Thursday, January 27, 2011

Dear Parent/Guardian,

Your daughter has been chosen to represent Elmwood at a tournament at Turnbull School on Tuesday, February 15<sup>th</sup>. She is asked to attend additional practices on February, 8<sup>th</sup>, February 11<sup>th</sup> and February 14<sup>th</sup> in preparation for this tournament. We will be leaving the school by 9:15 a.m., travelling by bus to Turnbull School and will be returning to Elmwood at approximately 2:30 p.m. in time for the remainder of their last class of the day.

Students are asked to come to school in their physical education uniform and their Elmwood tracksuit. They will be changing into the team uniform at our school. Students will be asked to return their uniform immediately following the tournament.

Students are asked to bring lunch and snacks as we will be at Turnbull all day. You are welcome to come and support your daughter and the team at Turnbull School, 1132 Fisher Avenue. Should you require it, the phone number there is (613) 729-9940.

In case of emergency during the tournament, Mrs. Bradley may be contacted by cell phone at 613-884-6443. If you have any questions, please feel free to contact me at 613-749-6761 ext. 451, or via email at [gbradley@elmwood.ca](mailto:gbradley@elmwood.ca). Please sign the consent form and return it to Mrs. Bradley at the February 8<sup>th</sup> practice.

Sincerely,

Alice Bifield, Samantha Peters and Mrs. Bradley

February

Monday	Tuesday	Wednesday	Thursday	Friday
7	8 Practice @ <b>7:15 a.m.</b> Tournament Team only	9	10	11 Practice @ <b>4:00 p.m.</b> Tournament Team only
14 Practice @ <b>7:15 a.m.</b> Tournament Team only	15 Tournament Day - Tournament Team only.			



**Elmwood School Parent/Guardian Consent and Release Form (Day)**

**Girls 5/6 Basketball Team**

\*\* In the case of joint custody, BOTH parents must sign this Consent/Release form \*\*

**MEDICAL INFORMATION and EMERGENCY CONTACT INFORMATION**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Month Day Year

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_  
\_\_\_\_\_

Medication(s): \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Ontario Health Card Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSENT TO PARTICIPATE & TERMS OF PARTICIPATION**

By my signature below, I give my daughter of Homeroom \_\_\_\_\_ permission to be a member of the 5/6 basketball team.

I understand that all of Elmwood School's rules and policies (see Handbook) as well as any rules and directives established by those leading the team remain in full force and effect for the duration of the season.

By my signature below, I acknowledge and agree that I am solely responsible for any costs arising out of my daughter's breach of any of Elmwood School's rules and policies and/or any rules and directives established by those leading the team and the resultant disciplinary actions, if any, whether occurring prior to or during the season.

By my signature below, I further acknowledge and agree that in the event that my daughter breaches any of Elmwood School's rules and policies and/or any rules and directives established by those leading the team during the season, Elmwood School may in its absolute discretion require that my daughter immediately return home and any expenses related to such a return (including without limitation travel, including travel of an adult to accompany my daughter, and any outstanding trip expenses) will be my sole responsibility.

**RELEASE AND INDEMNITY**

In consideration of my daughter being permitted to participate on the 5/6 basketball team, I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, agree as follows:

I acknowledge and accept that participation in the season may expose my daughter to unspecified risks and hazards, which are inherent in such teams, including without limitation, the method of transportation for the trip, all of which I expressly and voluntarily assume.

By my signature below, I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, hereby RELEASE, WAIVE AND FOREVER DISCHARGE Elmwood School Inc. and its respective officers, partners, agents, employees, servants, representatives, successors and assigns ("the Releasees") OF AND FROM any and all actions, causes of actions, complaints, demands and claims whatsoever in existence prior to on or after the date hereof whether in law or in equity, in respect of death, injury, loss or damage to my daughter's person or my person or property HOWSOEVER CAUSED, arising or to arise by reason of my daughter's participation in the activities contemplated herein except to the extent that same are directly caused by the gross negligence of Elmwood School Inc. or its respective officers, partners, agents, employees, servants, representatives, successors and assigns. I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my daughter's participation in the activities contemplated herein.

By my signature below, I also agree and undertake not to make any claim or take any proceedings against the Releasees set out above, or any other person or corporation which might claim contribution or indemnity under the provisions of any statute or otherwise from the Releasees set out above.

**EMERGENCY MEDICAL CONSENT**

In the event of an emergency, Elmwood School requires parental consent in order to consent to the medical treatment or surgery of the student. Elmwood School will use reasonable efforts to contact the parent(s) prior to consenting to medical treatment for the student and the parent(s) acknowledge and agree that the need for an immediate decision regarding medical treatment for the student may make such contact impossible.

Accordingly, I, by my signature below, hereby authorize and give my express consent to the Head of Elmwood School, or her delegate, to act in loco parentis and in that capacity to consent to medical treatment or surgery for the student based on the advice of the attending physician who considers immediate medical treatment or surgery to be a necessity.

In addition, by my signature below, I hereby authorize and give my express consent to the Head of Elmwood School, or her delegate, to seek and obtain any and all medical interventions that may be reasonably required to ensure the safety and well being of my daughter while on the trip.

**I have read all of the foregoing carefully and by my signature agree to be bound by all aspects of the foregoing.**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Please return this form to Mrs. Bradley by Tuesday, February 8, 2011