



April 15, 2011

Dear Parents:

Your daughter has been selected to participate in the Ottawa Independent School Athletic Association **5/6 Badminton Tournament at Turnbull School on Wednesday, April 27, 2011.**

Students should bring the following:

- Healthy snack and lunch
- Water bottle
- Gym uniform

Students will leave the school at 8:30 a.m. and return for regular dismissal. Each player is guaranteed two games. Parents are welcome to come out and cheer! Turnbull School is located at 1132 Fisher Avenue.

**Practice Schedule:**

<b>Friday, April 15</b>	<b>7:15 a.m.</b>
<b>Monday, April 18</b>	<b>7:15 a.m.</b>
<b>Thursday, April 21</b>	<b>7:15 a.m.</b>
<b>Tuesday, April 26</b>	<b>7:15 a.m.</b>

Please complete the attached forms if you would like your daughter to participate in the tournament. Do not hesitate to contact us if you have any questions or concerns.

Sincerely,

Cheryl Tweedie  
Badminton Coach

Kate Angell  
Deputy Head of School



**Elmwood School Parent/Guardian Consent and Release Form (Day)**  
**for: 5/6 Badminton Tournament**

Date of Trip: **April 27, 2011**

Departure: **8:30 a.m.** Return: **3:30 p.m.**

Destination: **Turnbull School, 1132 Fisher Avenue**

**\*\* 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 attend the **5/6 Badminton Tournament at Turnbull School on WEDNESDAY, APRIL 27, 2011**

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 trip remain in full force and effect for the duration of the trip.

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 trip and the resultant disciplinary actions, if any, whether occurring prior to or during the trip.

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 trip while on the trip, 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 in the 5/6 Badminton Tournament (“the trip”), 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 trip may expose my daughter to unspecified risks and hazards, which are inherent in such trips, including without limitation, the method of transportation for the trip, all of which I expressly and voluntarily assume.

*Furthermore, I acknowledge and accept that my daughter will not be under the direct supervision and control of Elmwood School staff or other trip volunteers at all times during the trip. As such, I agree that the conduct of our daughter during unsupervised times and any consequences flowing from such conduct is solely the responsibility of my daughter.*

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 Ms. Tweedie by Thursday, April 21, 2011.**