



November 18, 2010

Dear Elmwood Eagles Senior Basketball Players and Parents,

After our championship win last Tuesday, our team will be heading off next week to the OFSAA 'A' Provincial Basketball Championships! This year OFSAA is to be held in Welland, Ontario. Travel arrangements have been made, and the itinerary will soon be distributed (once we know our game times – which may not be until next Tuesday.) There are 11 players, 2 teachers (myself and Ms. Clarke) plus our coach Karina.

We will leave on Wed. Nov. 24 at 10:00 am. Players should bring a lunch for the bus. There is a skills competition that evening, plus registration and a coaches meeting. The tournament runs from Thursday to Saturday. On Fri. Nov. 26 there are no classes for students (due to parent-teacher interviews), so players will only be missing 1.5 days of classes. Teachers will be notified about the team's absence and about the OFSAA tournament.

We can expect 2 games on Thursday and Friday, and then playoffs will be on Saturday. We will stay together as a team, and between games we will eat lunch or dinner and watch other basketball games. On Thursday evening, we will attend the OFSAA banquet, which is a semi-formal event for all players and coaches.

Costs for this tournament include entry fees, banquet fees, hotel and transportation. The Elmwood Athletic Budget will cover most costs, and each player will be billed approx. \$350. Breakfast is included in our hotel, which is equipped with a fridge and small kitchen. Players are responsible for any other food costs (except banquet dinner on Thurs. evening). Also, if they wish to purchase any OFSAA clothing (e.g. hoodies, t-shirts, etc.) they may at the tournament sites.

Players are expected to behave appropriately, and also dress appropriately. Dress clothes are expected at the Thursday banquet; otherwise casual clothes and sports attire are to be worn. Players should travel to and from the games in their Elmwood tracksuit.

There is an OFSAA website ([www.ofsaa.on.ca](http://www.ofsaa.on.ca)) to check out—go to Championships, then Girls A Basketball. Also, often photos of athletes competing in OFSSA championships may be published on Championship websites, the OFSAA Bulletin, newspapers and/or other OFSAA publications. If you do not want your daughter to be photographed, please let me know.

Our team is a talented, terrific group of young ladies, and we are looking forward to our OFSAA adventure! Less than 1% of all high school students ever get to participate in an OFSAA championship, and it truly will be a memorable experience!

Sincerely,

Brenda Neale  
Head of Physical and Health Education/Athletic Director  
613-749-6761 • [bneale@elmwood.ca](mailto:bneale@elmwood.ca)



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

for the OFSAA Basketball Championships

Date of Trip: November 24 - 27, 2010

Departure: November 24 at 10:00 am Return: To be confirmed

Destination: Welland, Ontario

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

**COST OF TRIP**

By my signature below, I allow Elmwood School to bill my account **\$350** for the cost of this trip. **I understand that Elmwood School will incur fixed costs as a result of this commitment and accordingly there are no refunds in the event that my daughter is unable to participate.**

**Additional expenses include 3 lunches and 2 dinners.**

**MEDICAL INFORMATION and EMERGENCY CONTACT INFORMATION**

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

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

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

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

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

Dietary Needs: \_\_\_\_\_

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

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

### **CONSENT TO PARTICIPATE & TERMS OF PARTICIPATION**

By my signature below, I give my daughter of SLG/Homeroom \_\_\_\_\_ permission to attend the OFSAA Championship in Welland, ON Nov. 24 – 28.

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 on the OFSAA Championship ("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, 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 Mrs. Neale by Monday, November 22, 2010**

## **Contact Info**

### ***Hotel***

Best Western  
300 Prince Charles Dr, Welland, ON  
L3C 7B3  
(905) 732-0922

### ***Coaches' Meeting***

Eastdale Secondary School  
170 Wellington St, Welland, ON  
L3B 1A2  
(905) 734-7458

### ***Hospital***

Welland Hospital  
65 Third St, Welland, ON  
L3B 4W6  
905 378-4647

### ***Games sites***

École secondaire Confédération  
670 Tanguay Ave, Welland, ON  
L3B 6B2  
(905) 732-1361

Eastdale Secondary School  
170 Wellington St, Welland, ON  
L3B 1A2  
(905) 734-7458

### ***Banquet***

Club Castropignano  
1311 Egerter Rd, Port Robinson, ON  
LoS 1Ko  
(905) 384-929