

## FIELD STUDIES PARENT PERMISSION

## **DETAILS OF THE STUDY:**

School: MBSS		School Phone No. <u>250- 870-5101</u>
Teacher Contact:	Mr. Trent Pontalti	Destination: KVR See reverse of page for details
Purpose of Study: Intr	roduction to the sport of cycl	ling/cycle touring, enhance personal efficacy, foster an
appreciation for the na	atural world, strengthen peer	relational connections
Description of Activit	ies/Itinerary: On Oct. 25th s	students will be cycling on the KVR from June Springs Rd to
McCullough Lake.		
Inherent Risks of Part		
		tures of bones, crushing of bones, concussions), being struck by
		e to communicable diseases, getting lost or separated from
group, injuries resulting	ng from a motor vehicle acci	<u>dent.</u>
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Group of Students: On		N CT 1 /G
No. of Students Max.		No. of Teachers/Supervisors 1
Departure Date (M/D/N)		Departure Time 9:00AM
Return Date (M/D/Y)		Return Pickup Time 3:30PM Nordic Ski Trails parking lot
Arrival Time Back at	School 5PM	<del></del>
TRANSPORTATIO	NI.	
School District Bus	[x] Wheelchair Access	[ ] City Transit [x] Private Vehicle [x]
Rented Vehicle	[ ] Commercial Carrier	[ ] City Transit [x] Private Vehicle [x] [ ] Foot/Bicycle [x]
Kenteu venicie	[ ] Commercial Carrier	[ ] Poot/Dicycle [x]
Driven by:		
District Driver	[x] Authorized Adult	[x] Teacher [] Commercial Driver [x]
	Priver (no passengers allowed	
Tuthonzea Student D	Tivel (no passengers anowed	·/ [ ]
PARENT/GUARDIA	AN CONSENT:	
I have read the descrip	ption of activities, understand	d that there are inherent risks attached to this activity and
accept these risks. I a	lso understand that all of the	requirements of the school Code of Conduct apply while
students are on field s	tudies, and I will repay the se	chool for costs if it is necessary to send this student home
by means other than a	s stated above.	
Consent is given for _		(name of student) to participate and travel as described.
Name		
~ 4 . ~~		
Student's BC Medical	I #	
		ents
C:		Dota
Signature		Date
Attachments:	Yes	
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Date Agreed: September 2004 Date Amended: March 28, 2007; February 27, 2019 Date Reviewed: February 24, 2016

Cycling Day Trip – Parents:
Destination:  Cycling Day trip  Oct. 25th 2023 Students will take school bus to June Springs Rd and the KVR from MBSS. Students bikes will be transported by trailer to the drop off. Once at the KVR, students will cycle the KVR trail from June Springs Rd. to the McCullough Lake. Once at our destination, students will load bikes in a support vehicle/trailer and a school bus back to MBSS. Departing school 9AM Returning to school 5PM Fee: \$25.00 Includes bus and bike transport to and from the KVR.
*Note if the trip fee makes this experience un-accessible for any student please contact the teacher Mr. Pontalti and alternative funding sources can be explored. No student will be prevented from participating due to lack of finances.
(Parents please include any special requirements in order to participate)
□ Student Medical Questionnaire form completed and attached

Date Agreed: September 2004 Date Amended: March 28, 2007; February 27, 2019 Date Reviewed: February 24, 2016