



**World of Choices
Wednesday, November 6, 2019
PLEASE RETURN SIGNED FORMS ASAP**

To the Parent(s)/Guardian(s) of: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Teacher BEFORE signing it.

If this form is not signed and returned to the school your child **WILL NOT BE ALLOWED** TO ATTEND/PARTICIPATE.

PROGRAM/ACTIVITY INFORMATION

FIELD TRIP/ACTIVITY: World of Choices – for young women

Junior Achievement of Southern Alberta is proud to be coordinating again this year World of Choices for young women. The Workshop provides female high school students, to meet with career mentors and explore career possibilities and what it takes to fulfill your chosen career path.

What students can expect from the day:

- Meet career mentors and learn about careers you are interested in.
- Explore the variety of career possibilities.
- Identify what it takes to fulfill your chosen career path

Wednesday, November 6, 2019:

7:45am - BUS LEAVES MYERS FOR ENMAX CENTRE - LETHBRIDGE

8:30 - ARRIVE – LIGHT BREAKFAST PROVIDED

8:45 – KEY NOTE SPEAKER AND WHAT TO EXPECT

9:00 – START EXPLORING CAREERS

12:00 – Light Lunch is Provided – please pack your own if you have any allergies.

1:15PM – BUS RETURNS TO MYERS – STUDENTS ARE EXPECTED TO HEAD TO THEIR NEXT CLASS AT 1:44PM

TEACHER/ LEADER-IN-CHARGE

WRM: Kristin Bodnar PH: 403 223-2292 email: kristin.bodnar@horizon.ab.ca

WRM: Jessica Ressler PH: 403-223-2292 email: jessica.ressler@horizon.ab.ca

BOARD RESPONSIBILITIES:

The Board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involve are suitably trained and qualified.
- The students are adequately supervised during all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- A safety Plan is in place to identify and manage known potential risks
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

CONSENT AND ACKNOWLEDGMENT OF RISK

1. Mode of Transportation: **First Student Bus**
2. I accept this mode of transportation for this activity: ____ **Yes** ____ **No**
If no, please specify alternative: _____
3. I acknowledge the Elements of Risk and student Responsibilities provided as well as my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the School or Board.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal injury and potentially serious injury due to an unforeseeable event related to his/her participation.
5. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the schools and/or service providers, administrators, instructors and supervisors over all phases of the program/activity.
6. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I may be contacted to have him/her picked up, unless I have specified other transport arrangements.
7. I acknowledge that it is my duty to advise the school of any medical/health concerns of my child that may affect his/her participation.
8. I acknowledge that the board may choose to cancel the trip if travel conditions are for whatever reason deemed unsafe (e.g., weather, health advisory).
9. I consent that the Board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

Based on my understanding, acknowledgement and consents as described herein, I agree that _____ **(Name of Student)** has my permission to participate in

WORLD OF CHOICES
Wednesday, November 6, 2019
8:30am – 12:00pm

Parent/Guardian NAME: (please print) _____

Signature: _____ **Date:** _____

PLEASE NOTE: The Horizon School Division No 67 provides for Horizon's eligible permanent resident students to 19 years of age (foreign exchange and international students are not eligible) limited accidental death, disability, dismemberment or medical expenses insurance. ***IT IS STRONGLY RECOMMENDED THAT YOU PURCHASE ADDITIONAL STUDENT ACCIDENT INSURANCE IF YOU DO NOT ALREADY HAVE YOUR OWN PRIVATE COVERAGE.*** Please be aware that an insurance package distributed through the schools is available for additional coverage.