



# “BASC” (Before and After School Care) 2017 – 2018 Application

(All Information On This Form Is Strictly Confidential)

# 1 - Child's Name _____	Grade _____
Date of Birth: Day _____ Month _____ Year _____	
# 2 - Child's Name _____	Grade _____
Date of Birth: Day _____ Month _____ Year _____	
# 3 - Child's Name _____	Grade _____
Date of Birth: Day _____ Month _____ Year _____	

Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mother Name _____
Cell # _____
Place of Work _____
Phone # _____
E-mail _____

Father Name _____
Cell # _____
Place of Work _____
Phone # _____
E-mail _____

## EMERGENCY INFORMATION

If necessary, in the event that I am not available, the staff of St. Charles has my permission to seek medical attention for my child/children:

Parent signature \_\_\_\_\_

Child(ren)'s Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Medical # \_\_\_\_\_

Personal (PHIN) #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
(9 Digit # on back of card)

Is there any medical information that may affect your child in the program (allergies, illnesses, injuries, etc.) \_\_\_\_\_

If you are separated or divorced, may the child's other parent visit the child, pick them up from BASC? Yes  No \*  \* If No, have you an injunction or court order? Yes  No

## Person(s) Authorized To Pick Up My Child(ren) From BASC

The following persons are authorized to pick my child(ren) up from BASC:

Name _____	# _____	Relationship to child _____
Name _____	# _____	Relationship to child _____
Name _____	# _____	Relationship to child _____

# “BASC” (Before and After School Care)

Dear Parents,

Throughout the year, the students of St. Charles BASC programs will be participating in low-threat field trips to places like Oak Hammock Marsh, Six Pines Farm, Fort Whyte Center, Manitoba Museum, Academy Lanes Bowling Alley, Manitoba Theatre for Young People, Winnipeg Art Gallery, Harbourview, University of Manitoba, University of Winnipeg, as well as other sites.

## **ELEMENTS OF RISK**

Educational activity programs, such as those listed above involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. A few examples of the type of accident which one is at risk of having occur while on these field trips are:

- 1: Injuries related to vehicle crashes en route to and from activity area;
- 2: Becoming lost or separated from the group or the group split up.
- 3: Injuries related to slips, trips and falls.

These accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the School or its employees or agents, or the facility where the event is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate, you must understand that you will bear the responsibility for any accident that might occur. St. Charles Catholic School does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity.

## **TRAVEL FOR FIELD TRIPS**

Travel for field trips is usually arranged by school bus, however there may be times when students will travel by car to/from specific field trips. Students may also be travelling by car when participating in after school sports activities. All volunteer drivers must have a recently completed Child Abuse Registry Check, as well as copies of insurance and driver's license kept in the office.

Sincerely,

Mrs. T. Narynski,  
Principal

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## **ACKNOWLEDGMENT**

I/We have read the above and understand that in participating in the above activities, we are assuming the risks associated with doing so. I/We also understand that some field trips/sports activities may require travelling in a vehicle with a volunteer parent.

Please Print Student(s)'s Name: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Please note that STUDENT PARTICIPATION PERMISSION FORMS with the specifics of each field trip will be sent home prior to the field trip. ELEMENTS OF RISK FORMS will only be sent home for high-risk activities.***