



OCDSB 122: Parental Consent for Trip Participation

RETAIN THIS PAGE (PAGE 1) FOR YOUR INFORMATION. PLEASE **SIGN AND RETURN** THE ATTACHED PAGE (PAGE 2).

School: Castor Valley Elementary School <input type="checkbox"/>	Lead Trip Supervisor/Teacher: Alyssa Lacasse
Date of Field Trip: Tuesday May 28th, 2024	Rain Date: _____
Class/Subject Area: Regional Soccer Tournament	Activity: Soccer
Risk Associated with the Activity: Low	Educational Purpose of Field Trip: Sportsmanship, following rules, Team building, representing the school at an event
Departure	Return
Time: Transportation 9:00am details: Parents responsible to drop-off	Time: Transportation TBD (earliest 1:00pm) details: Parents responsible to pick-up
To: Shefford Richcraft Sensplex	Place: Shefford richcradt sensplex
In case of late return or other inquiries Contact Name: <u>Alyssa Lacasse</u> Contact Phone: <u>613-821-1272</u> Cost per Student: \$ <u>0</u> is due by: <u>N/A</u>	
Requirements for Field Trip Participants: Lunch/Snack: <u>bring lunch, snacks and lots of water</u> Special Clothing/Equipment: <u>Appropriate clothing for weather and sport</u> Other: <u>suggested - sunscreen, hat, cleats, extra socks etc</u>	

Principal Signature:

Date: May 23, 2024

TO PARENT OR GUARDIAN: THIS IS AN IMPORTANT FORM.
SELECT YES OR NO, COMPLETE, SIGN, AND RETURN THE FORM TO THE SCHOOL.

Teacher: Alyssa Lacasse
Class Code: Regional Soccer tourney

Payment Method:
Online (Preferred) _Cash _Cheque

Practice and game schedule
is attached

YES I give permission

NO I DO NOT give permission

to the Ottawa-Carleton District School Board for the following student to participate in the field
trip activity (description): Soccer

Scheduled to take place on or about (date): Tuesday May 28th, 2024

Name of Student: _____ Cost per Student: \$ 0

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Medical Information:

Indicate any medical information or dietary restrictions that the supervising teacher needs to know.

Medical Consent: Should it become necessary for my child/ward to receive medical care, I hereby authorize the teacher to use his/her best judgement in obtaining such care. I/we understand that any costs will be my/our responsibility. I also understand that in the case of accident or illness I will be notified as soon as possible.

Elements of Risk: Any out of school activities may involve certain elements of risk. Injuries may occur while participating in the activities related to this field trip. The chance of injury can occur without any fault of the student, the school board, its employees/agents or the facility where the activity is taking place. I/we understand that any costs will be my/our responsibility as the OCDSB does not provide accident insurance coverage for student injuries that occur during school activities.

ACKNOWLEDGEMENT:

I have received, read, and understand all of the above, and give, or do not give, as indicated above, permission for my child/ward to participate in this activity.

Signature of Parent/Guardian: _____

Date: _____

I wish to volunteer for this trip:

YES

NO

Name: _____

Phone: _____

Personal information on this form is collected under the authority of sections 58.5(1) and 265(d) of the Education Act, R.S.O. 1990, c.E2, as amended, and in accordance with section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act. It will be used for the purpose of managing student learning and well-being. Questions about this collection should be directed to the school principal.

REGIONAL GIRLS SOCCER TOURNAMENT SCHEDULE

Tuesday May 28th

*** A and B pools are Tier 1. C and D pools are Tier 2

<u>Pool A</u>	<u>Pool B</u>	<u>Pool C</u>	<u>Pool D</u>
(1) Glashan	(1) Steve Mac.	(1) Featherston	(1) Blossom P.
(2) Hopewell	(2) Castor V.	(2) Vimy Ridge	(2) Vincent M.
(3) Roberta B	(3) Alta Vista	(3) Glashan #2	(3) Roberta B. #2
		(4) Saw Cr	(4) Hawthorne

Tier 1 Pool Play:

<u>TIME</u>	<u>SW Field</u>	<u>SE Field</u>
10:00	A1 vs A2	B1 vs B2
10:45	A2 vs A3	B2 vs B3
11:30	A1 vs A3	B1 vs B3

Tier 2 Pool Play:

<u>TIME</u>	<u>SW Field</u>	<u>SE Field</u>
10:00	C1 vs C2	D1 vs D2
10:45	C3 vs C4	D3 vs D4
11:30	C1 vs C3	D1 vs D3
12:15	C2 vs C4	D2 vs D4
1:00	C1 vs C4	D1 vs D4
1:45	C2 vs C3	D2 vs D3

Tier 1 Playoffs: Top 3 teams in the A and B advance.

Tier 2 Playoffs: Top team in C and D advance directly to Final.

If there is a tie for first the tiebreakers are as follows:

- (1) Head to head.
- (2) Fewest goals against.
- (3) Better plus Minus.
- (4) Penalty Kicks (3)

*** Glashan 2 and Roberta Bondar 2 are not eligible to play in Final.

<u>TIME</u>	<u>SW Field</u>	<u>SE Field</u>
12:15	B2 vs A3	B3 vs A2
1:00 (semi)	A1 vs B2/A3	B1 vs A2/B3
2:30	Tier 1 Final	Tier 2 Final

