



Registration Committee use only:

Registration Fee Paid

Pledge Kit number: _____

Relay For Life Participant Registration Form Colonel By Secondary School

Please read the following instructions carefully.

1. Read the following event information and complete all forms accordingly.
2. Attach your \$15 registration fee. (Please make cheques payable to the Canadian Cancer Society.)
3. You must complete registration online at relayforlife.ca/cbottawa. Refer to the instructions on Colonel By's website or at <https://www.youtube.com/watch?v=vcOjoy4YUHI>
4. Return the form and your registration fee of \$15 to your school's Relay For Life committee. They will provide you with a pledge form once you are registered.

Event Information:

Our Relay For Life event will be held on **June 2nd** from **9:00 AM** to **10:00 PM**

***Please hand in your registration form by May 5th, 2017**

Please have participant and parent/guardian read and sign below.

The Canadian Cancer Society Relay For Life is a celebration of survival, a tribute to the lives of loved ones and a night of fun, friends and fundraising to beat cancer.

- Relay For Life events are alcohol and tobacco free. All school rules apply throughout the entire event.
- Relay For Life is a 12-hour event. We encourage every school to enforce a "lock in" policy for safety. This means that once participants arrive, they can not leave until the end of the event. To accommodate participants with special circumstances (ex. a work shift) a "Late Arrival/Early leave" form is available from the Relay For Life committee and must be signed by a parent or guardian and returned to the Relay For Life committee pre-event.
- Every event is encouraged to have at least one adult chaperone for every 10 student participants.

By participating in a Canadian Cancer Society Relay For Life, I waive and release any and all claims for myself, heirs, executors and administrators against all sponsors, officials and organizers of this event for injury, illness or death which may directly or indirectly result from my participation in this event. I also grant full permission for the organizer and the Canadian Cancer Society and its staff to use photographs and video footage of me in legitimate accounts and promotions of this event.

I have read and understand the information above and give my son/daughter permission to attend the Canadian Cancer Society Relay For Life that is being organized by their school. understand that failure to abide by these rules at any point may result in the inability to participate in Relay for Life 2017, the relinquishing of Relay for Life volunteer hours, and will lead to exemption from future Relay for Life events.

Parent/Guardian

Signature Participant

Signature Date

We respect your privacy. The Canadian Cancer Society collects your personal information in order to process your registration and to keep you informed about Relay For Life. We may also contact you from time to time with information about other ways you can help us in the fight against cancer. If you prefer not to receive this kind of communication from us, or for more information about our privacy practices: www.cancer.ca *1 800 268-8874, press 1, x2257 * e-mail privacy@ontario.cancer.ca.

COLONEL BY RELAY FOR LIFE PARTICIPANT PLEDGE

I, _____ understand that all school rules continue to apply for the entirety of the Colonel By Relay for Life event on June 2nd, 2017. I will remain on school grounds at all time. I will not leave without formally signing out, and will only do so with the written permission of a parent or guardian. I understand that failure to abide by these rules at any point may result in the inability to participate in Relay for Life 2017, the relinquishing of Relay for Life volunteer hours, and will lead to exemption from future Relay for Life events.

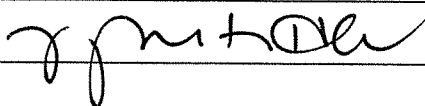
SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN: _____



OCDSB 122: Parental Consent for Trip Participation

RETAIN THIS PAGE FOR YOUR INFORMATION. PLEASE SIGN AND RETURN THE ATTACHED PAGE.

School: Colonel By Secondary School	School Phone: (613)745-9411
Lead Trip Supervisor/Teacher(s): Anthony Anderson, Leanne Houston, Rachel Nakashoji	
Class/Subject Area: Student Services	Educational Purpose of Field Trip: To raise awareness and funds for cancer research and pay tribute to cancer survivors
Activity: 12 hours walk/run and social awareness campaign	Risk associated with activity: Minimal
Date of Field Trip: June 2nd, 2017	
Departure	Return
Time: 9:00am start	Time: 10:00pm finish
Transportation details: No transportation is required.	Transportation details: Please arrange transportation for pick up.
To: Colonel By Secondary School	Place: Colonel By Secondary School
In case of late return or other inquiries Contact: Main Office	Phone: (613)745-9411
Cost per Student: \$ 15 is due by May 5th, 2017	
Requirements for Field Trip Participants: Lunch/Snack Special Clothing/Equipment: Other:	* not to leave school grounds during the hours of the event.
Principal Signature:	

To Parent or Guardian:

This is an important form and must be returned to the school regarding this field trip.

INSTRUCTIONS:

Please complete and sign in the YES or NO section below and return the form to the school.

YES

I give permission to the Ottawa-Carleton District School board for the following student to participate in the field trip activity _____ (description)

Scheduled to take place on or about _____ (date).

Name of Student: _____

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.

I wish to volunteer for this trip: No Yes

Phone: _____

ACKNOWLEDGEMENT:

I have received, read, and understand all of the above, and give permission for my child/ward to participate in this activity.

Signature of Parent/Guardian: _____ Date: _____

NO

I do not give permission for my child/ward _____ (name) to participate in the field trip activity _____ (description) scheduled to take place on or about _____ (date). I understand that the trip is not compulsory and that any student not participating shall attend school.

Signature of Parent/Guardian: _____ Date: _____



OCDSB 649 Field Trip Volunteer Acknowledgements and Disclaimer Waiver

Name of Trip: Relay For Life		
Section A: Volunteer Duty/Activity		
I, the undersigned hereby acknowledge and agree that I will be performing the following volunteer duties and/or activities: to supervise the activities and participants at Relay For Life.		
Section B: location		
Name of School: Colonel By Secondary School		
Section C: Dates of Activity		
Date(s): June 2, 2017	Month: June	Year: 2017
Section D: Types of Volunteers		
Please read and confirm:		
I am a volunteer and I will be participating in an assisting capacity on this trip to Colonel By Secondary School under the direction of OCDSB staff.		
I understand that a police check may be required in order for me to accompany students on this trip. I already have a valid police check and will provide it to the principal and/or Lead Trip Supervisor upon request.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I am willing to obtain a police check <input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteer Confirmation (Signature)		
Section E: Acknowledgement of Element of Risk.		
I understand that participating as a volunteer presents various elements of risk. Accidents resulting from such activities may occur and cause injury. These risk(s) must be assumed by the volunteer. As a volunteer I understand that I am not an employee of the Ottawa-Carleton District School Board and am not covered by the Workplace Safety & Insurance Act in the event of accidental injury or disease. I understand that the Ottawa-Carleton District School Board does not carry medical insurance for volunteers and that any medical expenses incurred by me due to an accident would be my responsibility. I hereby, on behalf of myself, my heirs, executors, administrators and assigned demise, release and forever discharge the Ottawa-Carleton District School Board, its successors and assigns, of and from all manner of actions, causes of actions, suits, debts, dues, accounts, bonds, covenants, contracts and demands whatsoever which against the Ottawa-Carleton District School Board I may press or commence arising out of and caused from the use of such volunteer duties and activities as described above or the demonstration of the same.		
DATED AT _____, ONTARIO, THIS _____ DAY OF _____, 2 ____		
Signature of Volunteer:		
Print Name:		
Address:		
Telephone:	Cell:	Home:
Signature Of Principal:		