



Cold Lake Middle School

5533-48 Avenue, Cold Lake, AB T9M 1V7
Phone (780) 594-5623

Chan Cusson
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Principal
Assistant Principal

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February 9, 2022

Dear Parents,

RE: SKI DAYS: March 3, 4, and 7

The Cold Lake Middle School strives to provide a wide variety of opportunities for your child. We are happy to inform you that we have arranged a trip to Kinosoo Ridge Snow Resort for our students!!!!

We are following the Covid outline as provided by Kinosoo Ridge Snow Resort. As you know, restrictions are changing in the province and CLMS will follow any and all of the guidelines as outlined by Kinosoo Ridge and NLPS.

Thursday, March 3 – 8:45-3:10pm; Grades 5B, 5C, 5M

Friday, March 4 - 8:45-3:10pm; Grades 6B, 6M, 6U

Monday, March 7 - 8:45-3:10pm; Grades 7B, 7G, 7W and 8B, 8R, 8S

Please have the permission form, the information form, and money handed in to your child's homeroom teacher by **Monday, February 14, 2022**. School Cash is the preferred method of payment. If you are not signed up for SchoolCash, please contact Jaime to walk you through the set up. Thank you for your cooperation.

Volunteers are always welcomed. Please contact your child's teacher if you would like to volunteer.

If you require any additional information, please call the school at 780-594-5623.

Mrs. Cusson
Principal
Cold Lake Middle School

COLD LAKE MIDDLE SCHOOL SKI DAYS
March 3,4, 7, 2022

PARENT APPROVAL for: STUDENT NAME: _____

NOTE: Parents have ultimate authority in approving whether or not their child (if under the age of 18 years old) goes on the trip.

_____ I approve of my son's/daughter's attendance on this field trip and the planning regarding this trip. I have also read the student conduct expectations on the back of this form.
 _____ I am prepared to volunteer for this trip as a supervisor.
 _____ Telephone Number where I can be reached on the day of the trip.

Information about my child that field trip personnel need to know for this excursion:
 (Medical or other) _____

DATE: _____ 2022 Parent Signature: _____

If you have any questions about the collection, use or disclosure of information collected on this form, please contact your School's FOIP Coordinator or the NLPS FOIP Coordinator at 6005-50 Avenue, Bonnyville Alberta, T9N 2L4. The phone number is (780) 826-3145

Information Required (ALL MUST BE FILLED OUT):

1. What is your last name? _____
2. What is your first name? _____
3. Do you have a season pass? _____
4. Do you have your own equipment? _____
5. Are you skiing or snowboarding? _____
6. What is your weight in pounds? _____
7. What is your height in feet and inches? _____
8. What is your shoe size? _____
9. Skier Type-Type 1 (beginner) Type 2 (intermediate) _____
10. What is your age? _____
11. Do you want a lesson? _____
12. Are you getting a hot lunch? _____
13. Are you tubing? _____
14. What is your Alberta Health Care number? _____

My child's Total Cost:

Own Equipment & have Season Pass (\$0)	Lift Ticket & Equipment Rental (\$28)	Lift Ticket only (19)	Equipment Rental only (19)	Tubing (\$17)	Lunch (\$12)	bussing (\$5)	Total

Circle lunch choice: mac & cheese OR taco in a bag OR grilled cheese OR cheese burger OR hot dog
 All lunch includes water OR juice, snack bar, fresh fruit OR dessert

\$ _____ fees paid on School Cash Online _____ receipt number

- 1. Students shall follow the guidance of the supervising staff.**
- 2. Students will be courteous, co-operative, and polite. They are expected to represent CLMS well as ambassadors.**
- 3. Students will follow the Code of Conduct as per Alberta School Act Section 7.**



Assumption of Risk:

I am aware that my child is participating in activities on an off school premises that involve various risks, dangers and hazards. (A more complete list of hazards can be found on our website www.kinosoo.ca)
By signing below I, on behalf of my child, myself and my family, freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, or property damage or loss resulting therefrom.

RELEASE, WAIVER, INDEMNITY FORM

1. By Signing the following I, on behalf of my child, myself and my family, **hereby release, waive and forever discharge** Municipal District of Bonnyville No.87 - Kinosoo Ridge Snow Resort and all its respective agents and/or employees (the "Releasees") **of and from all** claims, demands, damage costs, expenses, actions, and causes or actions whether in law or equity in respect of death, injury, loss or damage to my child, myself and my family, or to the property of my child, myself or my family's property, **howsoever caused, including negligence, breach or contract or breach of any statutory duty of care**, arising or to arise by reason of using the Kinosoo Ski Resort premises, lifts, equipment, ski runs, trails, terrain parks restaurants, day lodge, parking, access roads and other ski area facilities.
2. I further **hereby undertake to hold and save harmless** and **agree to indemnify** the Releasees from and against any and all liability incurred by any or all of the Releasees arising as a result of, or in any way connected with my child's use of or presence on Kinosoo Ridge Snow Resort.
3. I understand that a detailed description of the risks, dangers and hazards associated with my child's use of or presence on Kinosoo Ridge Snow Resort, as well our complete safety and risk awareness information, is available on our website at www.kinosoo.ca, and that it is recommended that I read this with my child in order to be fully aware of all risks for their own safety.
4. I am aware that it is STRONGLY recommended that my child wear a helmet while participating in this activity.
5. I affirm that I have the authority to sign this document on behalf of my child and family.
6. Please indicate what level of skier/snowboarder your child is: **Beginner** **Intermediate** **Advanced**

Student Name: _____ DOB: _____

By signing this form, I acknowledge having read, understood and agreed to the above waiver, release and indemnity.

Date:

Parent/ Guardian Print:

School Name

Parent/Guardian Sign



Photo/Video Consent Waiver

I _____ hereby give permission to the Municipal District of Bonnyville to release my, or a minor I am the legal guardian or parent of, photographic/videographic image(s) and/or audio, to be used in promotional information put out under the auspices of the Municipal District of Bonnyville. This includes (but is not limited to) newsletters, newspaper advertisements, websites, social media platforms, brochures and trade show displays.

I have consented to the use of the above personal information only for the above-identified purposes.

I relinquish any and all personal or proprietary rights I may have in connection with the above-mentioned uses.

I understand I will not receive any compensation should my or my child's photo/video/audio be used.

In consideration of my use of the services provided, I hereby release and hold harmless the Municipal District of Bonnyville, their agents, employees, officials, representatives and contractors from any and all responsibility or liability for damages of any kind suffered in any manner whatsoever.

I understand that the above-identified personal information is being collected for activities related to the Municipal District of Bonnyville's public image, and as such is deemed to be an activity of the municipality. This personal information is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, Section 33 (c) RSA2000 and this information will be available to the public, through the activities outlined, for a period of no longer than 15 years. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Statutes of Alberta. If you have any questions about the collection of this personal information, please contact the M.D. of Bonnyville 780-826-3171.

Dated: _____

Name (please print)

Signature