



#### REGISTRATION FORM CALM 20 SUMMER 2015

#### **Course Selections:**

□ July 2 - 6, 201
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- □ July 9 13, 2015
- □ August 10 14, 2015
- □ August 17 21, 2015

The Canadian Rockies Public Schools (CRPS) is offering Career and Life Management 20 in an immersive experiential manner for your student. Students will take the course over **5 days and 4 nights**. Students will receive 5 credits for the course: CALM 20 (3 credits), Speaking and Listening (1 credit), and Nutrition (1 credit).

Students from outside CRPS are to arrive at the Canadian Rockies Outdoor Learning Centre (CROLC) in Bow Valley Provincial Park at 9:00 a.m. on the starting day of the course. CRPS students will leave from the Canmore Collegiate High School at 8:30 a.m. and proceed with CRPS transportation to CROLC, 25 km east of Canmore, arriving at around 9:00 a.m. A draft schedule of on-site learning activities will be sent out upon completion of registration.

Students will take part in a number of learning activities including land and water wilderness navigation, meal planning and preparation, white water rafting on the Kananaskis River, hiking, pond studies, photography, rock climbing, horseback riding, and journaling. In order to participate in outdoor activities, students MUST BE ABLE to demonstrate the ability to hike for an hour or more and are able to plan for inclimate weather. By signing below you are acknowleding that your child can perform these tasks. Learning activities are scheduled between 8:00 am and 9:30 p.m. with lights-out at 11:00 p.m. All learning activities and after-learning activity time will be supervised by male and female CRPS teachers.

Students will stay in bunks at the Outdoor Learning Centre. As part of meeting the curricular outcomes, students will plan and prepare all meals beginning Day 1 mid-morning to Day 5 afternoon. On Day 1, students should eat breakfast prior to their trip. On Day 5 afternoon, students from the CRPS should arrange for pick up at the Canmore Collegiate High School between approximately 4:00 – 4:30 p.m. Students from outside of the CRPS must arrange their own pick-up at Canmore Collegiate at 4:00 p.m.

There will be a fee of \$450 to cover the cost of programming and transportation. Please make cheques payable to CCHS Summer School.

\*non-refundable past June 28, 2015

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recognize that my child will participate in CALM 20 activities at Canadian Rockies Outdoor Learning Centre as sanctioned by Canadian Rockies Public Schools. The purpose of this activity is outlined in the attached documentation.

This activity involves certain risks, dangers and hazards to the participants. These may include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and trip or event cancellation or curtailment.

Specific risks associated with CALM 20 activities include but are not limited to hypothermia, cold water submersion, drowning, injury, illness, dehydration, burns, sprains, illness from food or waterborne contaminants, sunburn, heat stroke, lightning, wind, rain, snow, fog, strong currents, strainers / sweepers, rock fall, separated from the group, loss of gear, encounters with wildlife, transportation to and from the site, the acts or omissions of the instructors, the acts or omissions of other participants and equipment malfunctions.

I also understand that during this off-site activity, authorized staff of Canadian Rockies Outdoor Learning Centre, supervisory adults, as well as employees of other agencies associated with this activity will endeavour to instruct, protect, and care for the wellbeing of my child as would I in their place, including making decisions regarding the medical care of my child.

I understand that my child will be expected to uphold the behaviour expectations of students of Canadian Rockies Outdoor Learning Centre as in any other school endeavour as outlined in the Student Code of Conduct. I understand that my child's failure to abide by behaviour expectations could result in his/her removal from the activity without refund.

I have discussed the risks and expectations of this activity with my child and have confidence that my child has understood them. As parent/guardian, I will ensure my child is appropriately prepared and has the necessary equipment.

I am aware that the Canadian Rockies Public Schools does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of my child participating in this activity. I am also aware that the principal, coordinator, or lead teacher reserves the right to postpone, terminate or cancel an activity at any time and with little notice if the activity can no longer be conducted in a safe and secure manner. I realize that I may not receive all or any of the money I had thus far invested and accept the loss without expecting reimbursement from the School.

I have read and understood the above statements at my leisure, understood the nature of the document and its content. I consent to the participation of my child in this activity and associated activities.

Printed Name of Parent/Guardian	Printed Name of Witness
Signature of Parent/Guardian	Signature of Witness
Date (dd/mm/yy) Page 2 of 7	Date (dd/mm/yy)





## **STUDENT INFORMATION:** (please complete all parts of this form)

First and Last Name:					<del></del>	
School:				Grade:	<del></del>	
Gender (M / F): Age	<u> </u>		Date of Birth:			
Parent / Guardian Name(s):						
Phone: Home:		_ Wo	ork:			
Emergency Contact During (  Same as above  Names(s):						
Home Phone:		V	Nork Phone:			
Cell Phone:		c	Cell Phone:			
MEDICAL INFORMATION	l:					
Provincial Health Care Numbe	r:					
1. Is the student taking any me	dications	s? No Y	es Describe:			
2. Does the student possess a	ny dietar	y restrict	tions? i.e., vegetaria	nism, lactose into	lerant,	
gluten/wheat free, etc. Describ	e:					
3. Does the student have asth	ma? No	Yes				
Has it been stable for the past	year? No	Yes	Does he/she take	e medications for	asthma? No	Yes
Describe the	riggers:_					
4. Is the student allergic to any						everity of reaction
a) medications	No	Yes -	- Describe:			
b) foods	No	Yes -	- Describe:			
c) insect bites	No	Yes -	- Describe:			
d) other	No	Yes -	- Describe:			
e) Is he/she anaphyla	ctic, and	carry an	Epi-pen for any of the	he above?		
	No	Yes –	Describe:			
5. Does the student have diab	etes or hy	ypoglyce	emia? No Yes – Ide	entify & describe _		
Is it well managed?	No	Yes				
6. Are there any recent injuries	to be co	ncerned	l about? If yes, pleas	se describe.		
D 0 6.7						_

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7. Is there any other physical, psychological, emotional, behavioural or situational issue that may affect the student's ability to complete the proposed activity? 8. What is the student's swimming ability? (It is strongly recommended that ALL participants be able to swim at least 100m) Circle one. Non-swimmer Can swim at least 100m without a lifejacket Strong Swimmer PARENT/GUARDIAN PERMISSION: Course Selections - choose ONE (1) of the following: □ July 2-6, 2015 □ July 9-13, 2015 □ August 10-14, 2015 ☐ August 17-21, 2015 \_\_\_\_\_ permission to participate in the CALM 20 course I give \_\_\_ held on \_\_\_ at the Canadian Rockies Outdoor Learning Centre. Signature of parent/guardian\_\_\_\_\_ Date:\_\_\_\_\_ Signature of student\_\_\_\_\_ Date: \_\_\_\_\_ PLEASE PROVIDE A COPY OF ONE OF THE FOLLOWING: Birth Certificate Passport Permanent Resident/Landed Immigrant Child of Canadian Citizen FORMS CAN BE SUBMITTED BY THE FOLLOWING METHODS: -scan and send the completed form to <a href="mailto:summerschool@crps.ca">summerschool@crps.ca</a> -drop the completed form off at the Central Board Office, Canmore -fax the completed form to (403) 609-6071

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PAID BY: □E-Transfer to: <u>summerschool@crps.ca</u>

□Cash Rcpt#

□Cheque#



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#### **Canadian Rockies Public Schools**

### Display of Student Work - Release Form

As a result of changes in copyright and various other legislations, schools are required to get written permission from parents before any of the children's work or photographic images can be displayed outside of school. We request that all parents read, initial subsections, sign and return this form to the school to be included with your child's records.

I hereby grant permission to Canadian Rockies Public Schools on behalf of my child(ren),				
(print your childs name(s))				
to be included in the display of the	e following content:			
CALM 20 promotional materials - photos, video, school at newspapers, etc.	nd division website, and/or local			
I understand the content may be shown at educational dissessions and other school related activities at school or s <b>board sponsored displays</b> in the community, the interner promotional materials.	school board sites or at school or <b>school</b>			
This completed form will be kept on file at Canadian F	Rockies Public Schools.			
For my child(ren) above stated, I give permission for the upurposes.	use of the above content for the stated			
Signed this day of, 20	_, for as long as my child remains at			
Sc	chool or until I/we rescind the permission.			
PARENT/GUARDIAN SIGNATURE	RELATIONSHIP			



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parent initials

### **Registration for Non-CRPS Students**

ASN (Alberta Student Number)	CRPS (If previously en	Number rolled)	Sex (M/F)	Date of Birth (Certificate (eg. 21/JUL/1993)	required for first-time registrants)	Current Grade	
				Day Month	Year		
Legal Name (Name on Birth Certificate)							
Surname		First Name			Middle Name		
Also Known As (Name you would like to be called by, or married no	ıme)						
Surname		First Name					
Alberta Address				Student's Contact Inf	formation		
Apt				Home Phone			
Line 1				Work Phone			
Line 2							
		Albar					
City/Town	Provinc	e Alber		E-mail Address			
Postal Code	Country	<u>Cana</u>	da	Reach Student at	Home School	☐ Work	
wish my school to be notified of my enrolment	□No Scl	hool or Jurisdiction	n Code	Special Condition (eq.	learning disability, ADHD	Yes No	
If yes, Name of School (if attending) or Jurisdiction				K & E Student ☐ Yes ☐ No			
				I.P.P. ☐ Yes ☐ No			
Proof of Citizenship (Documentation Compulsory) Is the student a Canadian Citizen? ☐ Yes ☐ No				Medical Condition ☐ Yes ☐ No			
Birth Certificate Provided?							
If no, please check one of the following:							
Permanent Resident/Landed Immigrant				Additional comments: To help us serve you better:			
Student Authorization — Visa number:				Additional comments	s: To neip us serve you be	mer:	
Visa Expiry Date:  Child of Canadian Citizen							
☐ Child of an Individual lawfully admitted to Canada for	or permanen	t or temporary resid	ence				
Other:	·						





# CALM 20 Mandatory Gear List

It is recommended to pack your items in 1 suitcase, hiking backpack, duffel bag or a hockey bag. Please do not pack items in garbage bags.

Outdoor Gear (mandatory)	Personal Articles			
Raincoat/Rain pants	Towel(s)			
2 pairs of runners/hiking shoes/boots	Sunglasses			
Thermal underwear bottoms and top	Sleeping bag			
2 Warm layers (ie. fleece or synthetic)	Pillow and pillowcase			
Sun hat/ball cap	Flashlight/Headlamp			
Toque	Personal Medications			
Day pack (30 L or greater)	Camera			
1 Litre Water bottle	Lip Balm			
Clothing	Sunscreen			
1 pair of Pajamas	Toiletries (toothbrush/paste,			
2-3 sweaters/shirts (fleece, wool, or synthetic preferred)	deodorant, shampoo)  Note book, binder, pens, pencils			
2-3 pairs of pants/shorts (quick-dry or nylon preferred)				
2-3 t-shirts				
6-8 pairs of socks (synthetic or wool preferred)				
4-5 underwear				





