



## FRASER HEIGHTS SECONDARY SCHOOL School District No. 36 (Surrey)

16080 – 108 Avenue, Surrey, B.C. V4N 1M1 Ph: 604-582-9231 Fax: 604-582-9238 Website [www.surreyschools.ca/fraserheights](http://www.surreyschools.ca/fraserheights)

February 28, 2025

Dear Parents / Guardians,

The Fraser Heights Mechatronics Club has been working hard for the past year to compete in the annual Canadian CANSAT Design Challenge 2025 in Lethbridge, Alberta, from Thursday April 24<sup>th</sup>, 2025 to Monday April 28<sup>th</sup>, 2025. Your child has expressed interest in being a part of this national competition. The winning team will qualify for the international CANSAT Challenge competition held in the Netherlands in late June 2025.

We are sending out this initial permission form to ensure that we can reach our minimum number of participants in the competition. The Fraser Heights Mechatronics Club is currently engaged in fundraising to offset the individual costs for this field study. Whereas it would be nice to have all the costs covered, there will likely be some costs to be borne by each family. The last time we went, the cost to each family was around \$400.00. Should the travel have to be cancelled for any reason, the district is not responsible for any costs incurred.

Please fill-in the permission form and please fill-in details clearly and accurately:

---

### 2025 CANSAT Design Challenge Permission Form

I, parent/guardian of \_\_\_\_\_ (student's full name), support my child participating in the 2025 CANSAT Design Challenge, from April 24<sup>th</sup> – 28<sup>th</sup>, 2025. I understand that my child will have to miss three days of school to attend this field study. I am aware that there will be cost for this field study to cover the individual expenses not covered by our fundraising. And, I understand that School District No. 36 (Surrey), also known as "Surrey Schools" ("the district") is not responsible for any costs incurred.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

#### Additional Student Database Details:

Gender: \_\_\_\_ (M/F) Grade: \_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

BC Care Card #: \_\_\_\_\_

Forms Attached: Draft Itinerary, Medical, Release of Liability

## Itinerary

(Meal times and Snack times designated with an asterisk \*)

### **Thursday April 24**

Time    Activity

06:00 Supervisors arrive at YVR Domestic Departures

06:30 Meet at YVR Domestic Departures, attendance taken, go through security and to gate

07:00\* Wait for boarding and **eat snack or have refreshments**

#### **FLIGHT TO BE DETERMINED**

07:30 Board flight to Calgary

08:00 Fly to Calgary

10:23 Arrive in Calgary, and make our way to the Calgary Airport Marriot

12:00\* **Lunch** at the Calgary Airport Marriot

13:00 Meet with the Cansat Group in front of the Calgary Airport Marriot hotel. Board bus.

15:30 Arrive in Lethbridge

#### **HOTEL TO BE DETERMINED**

16:00 Check into hotel

18:30\* **Group dinner** & introductions at the hotel. Outline of the weekend's schedule.

20:00 Free-time in hotel

21:30 Students in rooms

22:00 Lights-out

### **Friday April 25**

Time    Activity

07:00 Wakeup and get ready

08:00\* **Breakfast** in the hotel restaurant

09:00 Team presentations to the judges at the hotel.

10:30 Official CanSat weigh-in and measurement.

12:00\* **lunch** at hotel, or at some other location near the hotel

13:00 Back to hotel for rest  
13:30 Walk to predetermined site for Drop Test (within 1 km from hotel)  
14:00 Drop-test with drone to verify descent rate (and communications) team 1  
14:30 Watch other teams' drop-test  
15:30 Drop-test with drone to verify descent rate (and communications) team 2  
16:30 Watch other teams' drop-test  
17:00 Back to hotel, rest, clean-up, free time in hotel  
18:30\* **Dinner** at or near hotel  
20:00 Free-time in the hotel  
21:30 Students in rooms  
22:00 Lights-out

#### Saturday April 22

Time Activity

07:00 Wakeup and get ready  
08:00\* **Breakfast** in the hotel restaurant  
09:00 CANSAT bus transportation to rocket-launch site  
10:30 satellite launch, recovery, data collection and analysis  
12:00\* **Packed lunch** provided by CANSAT Design Challenge team (CSDCMS)  
13:00 satellite launch, recovery, data collection and analysis  
14:00 satellite launch, recovery, data collection and analysis 14:30  
15:30 satellite launch, recovery, data collection and analysis  
16:30 satellite launch, recovery, data collection and analysis  
17:00 Back to hotel, rest, clean-up, free time  
18:30\* **Dinner** at the hotel  
20:00 Free-time in hotel  
21:30 Students in rooms  
22:00 Lights-out

## **Sunday April 27**

Time	Activity
------	----------

7:00	Wakeup and get ready
------	----------------------

8:00*	<b>Breakfast</b> in the hotel restaurant
-------	--

09:00	Presentation of team results
-------	------------------------------

11:30	Back to hotel rooms for rest
-------	------------------------------

12:00*	<b>Lunch</b> at the hotel
--------	---------------------------

1:00	CANSAT bus to Royal Tyrell Museum to check out the dinosaur collection
------	--

15:30	Regroup, rest, snack, and continue with museum experience
-------	---

17:00	CANSAT bus back to the hotel
-------	------------------------------

17:30	Rest and refresh at hotel
-------	---------------------------

18:30*	<b>Finale Dinner</b> and Presentation of Awards at hotel
--------	--

20:00	Free-time in hotel
-------	--------------------

21:30	Students in rooms
-------	-------------------

22:00	Lights-out
-------	------------

## **Monday April 28**

08:00*	<b>Breakfast</b> at the hotel
--------	-------------------------------

09:30	Board the bus for the airport
-------	-------------------------------

11:00	Arrive at airport
-------	-------------------

11:30*	<b>Lunch</b> at the airport
--------	-----------------------------

13:30	Board flight
-------	--------------

14:30	Fly back to YVR
-------	-----------------

15:00	Arrive back at YVR
-------	--------------------

15:30	Meet-up with parents at YVR and go home
-------	---

**FIELD STUDIES MEDICAL FORM  
FOR OUTDOOR AND/OR OVERNIGHT AND/OR OUT OF PROVINCE**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Division \_\_\_\_\_  
 Care Card Personal Health No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergency contact Parents/or:  
 Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Please note any health problems, emotional difficulty, behaviour concerns, mental health concerns, or other factors which may limit full participation in this program. Use back of sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

Has the student had a previous injury which would require special first aid treatment should another injury occur? Explain. \_\_\_\_\_

\_\_\_\_\_

The student has received the regular immunization program administered in B.C. for diphtheria, pertussis and tetanus (DPT); tetanus and diphtheria (Td); polio; measles, mumps & rubella (MMR). Yes No (Circle)

Contact Lenses Yes No (Circle)

Child is subject to:

( ) asthma	( ) ear ache	( ) high blood pressure	( ) nosebleeds	( ) sinus problems
( ) bronchitis	( ) eye infection	( ) kidney problems	( ) pulled muscles	( ) sleep walking
( ) dislocations	( ) fainting	( ) mental health	( ) seizures	( ) sprains
( ) dizziness	( ) headache	( ) motion sickness	( ) sensitive skin	( ) tonsillitis
	( ) nightmares	( ) severe allergies	( ) other	

Please describe in detail any necessary information regarding the above medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications:** All medicines should be clearly labelled with the child's name and information below. All medications must be controlled and in the possession of the first aider (except for allergies). Use back of form if additional space is needed to list medications.

Name of medicine \_\_\_\_\_ Used for \_\_\_\_\_  
 To be administered by \_\_\_\_\_ Quantity & Times \_\_\_\_\_  
 Permission granted by \_\_\_\_\_ Given how \_\_\_\_\_

**In case of emergency, I hereby give permission to the physician selected by the educator-in-charge to provide necessary treatment for my child.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**INFORMED CONSENT AND RELEASE OF LIABILITY  
To Be Completed For High Risk Activities**

2025 CANSAT DESIGN CHALLENGE COMPETITION, LETHBRIDGE, ALBERTA \_\_\_\_\_ (the "Activity")  
(Describe Activity)

To: The Board of Education of School District No. 36 (Surrey) and its officials, employees, teachers and agents (collectively and individually, the "Board")

**STUDENT:**

In consideration of the Board permitting me to participate in the Activity,

I \_\_\_\_\_ (the "Student") state as follows:

1. I have discussed with my parent(s)/guardian their expectations, and the Board's expectations, of my behaviour during the Activity.
2. I understand and agree to abide by the School's Code of Conduct and any other rules that are set out for this Activity.
3. I agree to cooperate with, and follow the directions given to me by, any of the Activity's supervisors for the entire duration of the Activity.
4. I have discussed with my parent(s)/guardian the significance of the declaration I am making by signing below.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**PARENT(S)/GUARDIAN:**

I \_\_\_\_\_ (the "Parent(s)/Guardian") am the parent(s)/guardian of the Student. In consideration of the Board permitting the Student to participate in the Activity, I agree as follows:

1. I have read and understand the materials provided to me by the Board outlining the Activity and agree the Activity is appropriate for the Student. I hereby give my consent for the Student to participate in the Activity.
2. I represent to the Board that the Student is medically fit to participate in the Activity. I have informed the Student not to participate further if he/she feels anything to be unsafe.
3. I hereby agree that I shall pay any and all financial obligations, loss or claims for compensation that the Board may suffer or incur in any way as a result of the Student's participation in the Activity.
4. I hereby waive any and all legal rights that I may have now or in the future and release from liability and agree not to sue the Board for any loss or damage that I may suffer as a result of the Student's participation in the Activity.
5. I recognize releasing the Board from liability prevents me from claiming for money from the Board.
6. I represent that I have discussed with the Student my expectations, the Board's expectations, and the risks and consequences of injury. I accept and assume all these risks and the consequences and freely choose to permit the Student to participate in the Activity regardless.
7. I hereby agree that it is my responsibility to arrange insurance to cover any loss or damage the Student may suffer, or liability I may incur, as a result of the Student's participation in the Activity.

\_\_\_\_\_  
Parent(s)/Guardian

\_\_\_\_\_  
Parent(s)/Guardian

\_\_\_\_\_  
Date