

Dear Parents/Guardian:

On Monday April 21, 2023, your son/daughter, with your permission will attend the Grade 9 religion retreat at Mount Mary Retreat Centre in Ancaster. The cost of the retreat is \$15.00. This fee includes the retreat center, busing, lunch and a morning snack; students are welcome to bring their own snacks as well. Students will have an opportunity to engage in a social setting that is supportive of their mental health and social skills. It is also an opportunity for grade 9 students to further develop their new high school relationships, their relationship with God and their place at Bishop Tonnos High School. Students will leave Bishop Tonnos High School around 9:00am and be back at school for regular dismissal. If you wish to provide transportation for your son/daughter, please fill in all the attached necessary forms. **The School or the School Board takes no responsibility if alternate means of transportation are used (I.e., not taking the school bus).** Students are asked to wear comfortable/appropriate clothing and shoes (running shoes if possible) on their retreat day. If you have any questions or concerns, please feel free to contact Ms. Tina Fitzgerald, Chaplaincy Leader Bishop Tonnos Catholic Secondary School (905) 523-2331 ex. 3620.

## **BISHOP TONNOS RETREAT PERMISSION AND CONSENT FORM**

### **Parent/Guardian Permission:**

I give my permission for my child to attend the retreat on April 21, 2023. If I cannot be reached, I authorize the teacher advisor to act on my behalf, in my absence, to make any decision pertaining to the health, welfare and safety of my child. I understand that if my child violates the school code of conduct, she/he will be sent home immediately.

### **PLEASE PRINT:**

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Person to Call if No Answer at Home: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health or Food Concerns: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Consent:**

I understand and agree to abide by the code of conduct. I understand that if I violate the code, I will be subject to the consequences outlined in it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Permission: (please check the option that applies to you)**

- I will provide transportation for my child to and from the retreat center

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I want my child to take the school bus that is being provided.

**Parent/Guardian Permission: (please check the option that applies to you)**

- I allow my son or daughter to be dismissed as soon as they return from school, and take responsibility for their dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I do not allow my son or daughter to be dismissed upon their return to school

**PLEASE BE ADVISED THAT THERE WILL BE NO REFUND IF YOU ARE ABSENT  
FOR YOUR RETREAT**



# PARENT/GUARDIAN INFORMATION FORM FOR OUT-OF-SCHOOL LEARNING EXPERIENCES Elementary and Secondary Students

**THIS FORM SHOULD BE RETAINED BY PARENTS/GUARDIANS**

To the Parent/Guardian: Permission has been granted by the principal to have the students participate in the out-of-school learning experience described below. Please read the information below and return the attached form by the due date as indicated.

If a non-refundable deposit/payment is required for this out-of-school learning experience, the parent/guardian acknowledges that neither the HWCDSB nor any employee bears liability for the deposit/payment once paid, if the child is unable to attend, or if the out-of-school learning experience is cancelled due to any unforeseen circumstances.

The Board's Out-of-School Learning Experiences Policy and Procedures can be referenced on the Board Website, [www.hwcdsb.on.ca](http://www.hwcdsb.on.ca).

<b>School Name:</b>	BISHOP TONNOS CATHOLIC SECONDARY SCHOOL
<b>Destination Name, Address and Contact Number:</b>	Mount Mary Retreat Center 437 Wilson St. E. Ancaster ON 905-648-6292
<b>Date(s) of out-of-school learning experience:</b>	April 21, 2023
<b>Cost per Student:</b>	\$15.00
<b>Mode of Transportation:</b>	School Bus
<b>Time of departure from school:</b>	8:45am
<b>Approximate Time of return to school:</b>	2:20pm
<b>Purpose of the out-of-school learning experience:</b>	Faith base social learning
<b>Additional details:</b>	Wear uniform? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Bring own lunch? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other:
<b>Water activities:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, details:

**ALL PERMISSION FORMS AND FEES ARE DUE NO LATER THAN 3 DAYS BEFORE THE OUT-OF-SCHOOL LEARNING ACTIVITY. LATE SUBMISSIONS MAY NOT BE ACCEPTED.**



Hamilton-Wentworth Catholic District School Board  
Believing. Achieving. Serving.

Form B

## PERMISSION FORM FOR OUT-OF-SCHOOL LEARNING EXPERIENCES Elementary and Secondary Students

<b>PRINT STUDENT'S FULL NAME:</b>	
School Name:	BISHOP TONNOS CATHOLIC SECONDARY SCHOOL
Destination Name, Address and Contact Number:	Mount Mary Retreat Center 905-648-6292 437 Wilson St. E. Ancaster
Date(s) of out-of-school learning experience:	April 21, 2023
Cost per Student:	\$ 15.00
Mode of Transportation:	School Bus
Time of departure from school:	8:45am
Approximate Time of return to school:	2:20pm
Purpose of out-of-school learning experience:	Faith base social learning
Additional details:	Wear uniform? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Bring own lunch? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other:
Water activities:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, details:

Payment Type:  On-Line Payment Receipt Number \_\_\_\_\_ (preferred payment method)  
 Payment Attached

I/We hereby request that the above-named student be permitted to participate in this activity.

Signature of Parent/Guardian:\* \_\_\_\_\_ Date: \_\_\_\_\_  
\*If the student is over the age of 18 years and has signing authority designated by the student's parent/guardian, the student's signature only is required.

Contact Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Specialized Requirements:** Please specify and check all that apply:

Allergy/Anaphylaxis  Asthma  Diabetes  Epilepsy  Sickle Cell Disease   
Other (please specify)

For out-of-country out-of-school learning experiences, I have consulted all Health warnings/advisories via the local Health Department and/or Foreign Affairs and International Trade Canada Travel Report and Warnings website: <https://travel.gc.ca/travelling/advisories>.

The personal information and personal health information requested and contained within this form is being collected, used, retained and disclosed pursuant to the *Municipal Freedom of Information and Protection of Privacy Act: R.S.O. 1990 last amendment 2007* and the *Personal Health Information Protection Act: R.S.O. 2004 last amendment 2009* by the Hamilton-Wentworth Catholic District School Board in accordance with the *Education Act: R.S.O. 1990 last amendment 2009* and its regulations for the provision of education and education-related programs and services, including excursions. Any questions regarding the collection, use, retention and disclosure of personal information by the School or the Board may be directed to the principal of the School.

-18-40 (B)



**INFORMED CONSENT FORM  
FOR OUT-OF-SCHOOL LEARNING EXPERIENCES  
Elementary and Secondary Students**

This form must be read and signed (without amendment) for any student attending the educational out-of-school learning experience. To ensure participation, return to the school/supervising teacher by April 14, 2023 (due date). Students WILL NOT be allowed to participate if the form is not signed and returned.

**ELEMENTS OF RISK:** Educational activity programs, such as Retreat Activities involve(s) certain inherent elements of risk. Injuries may occur while participating in these activities. Injuries may occur while travelling or participating in these activities. The potential inherent risks that may result from participation include but are not limited to: physical contact with other people, hard surfaces, flying objects, rapid movements, and quick turns and stops, physical exertion, fatigue and exhaustion, dehydration, exposure to weather conditions including sun exposure, extreme heat, extreme cold, site hazards, e.g. heights, water, noise, transportation, equipment and materials, electricity and chemicals, environmental conditions, including exposure to fauna, flora, insects and wildlife, failure to remain within designated areas and supervised activities.

The following includes, but is not limited to the types of injuries which may result from participating in this activity (list is appropriate): bruises, cuts and scrapes, sprains and strains, breaks and fractures, concussion, sun exposure, insect bites, insect bites/stings, rashes, serious and life-threatening injuries and death.

By choosing to take part in this activity I understand that my child may be exposed to certain risks and accidents and injuries may occur.

The potential inherent risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the School Board, its employees, agents or the facility where the activity is taking place. Refer to Ontario Physical and Health Education Association (OPHEA) website ([www.ophea.net](http://www.ophea.net)).

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity; i.e., listening attentively, etc. If you choose to participate in this activity you must understand that you assume the risk for any injury that might occur. The Hamilton-Wentworth Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

**ACKNOWLEDGEMENT AND PERMISSION:**

We have read the above and agree to assume the risks associated with our child/myself participating in the out-of-school learning experience.

Signature of Parent/Guardian\*: \_\_\_\_\_ Date: \_\_\_\_\_  
If the student is 18 years of age or older and has signing authority designated by the student's parent/guardian, the student's signature only is required.

# Gr. 9 Retreat Teacher Signature Form

I, \_\_\_\_\_ have spoken to  
all my teachers and obtained their signature to inform them that I  
will be on my grade 9 retreat on the following day:

\_\_\_\_\_. I understand that it  
is my responsibility to make arrangements with my teachers  
regarding the work that I will be missing that day.

Period 1: \_\_\_\_\_

Period 2: \_\_\_\_\_

Period 3: \_\_\_\_\_

Period 4: \_\_\_\_\_

Period 5: \_\_\_\_\_