



CRESTWOOD

Crestwood Preparatory College
Grades 7 to 12
217 Brookbanks Drive
Toronto, Ontario M3A 2T7
Tel: 416.391.1441
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www.crestwood.on.ca

November 18, 2013

Dear Parent/Guardian:

On Tuesday, December 10th, Crestwood's Student Government and Parent Association will be running an exciting after-school event. Participating students in Grades 7-12 will have the opportunity to travel to the Harbourfront Centre arena, for an evening of ice skating at one of Toronto's most scenic outdoor rinks.

We will be travelling by bus to and from the Harbourfront Centre. Students will be dismissed from class at 3:00 pm and will return to school at approximately 6:30pm. Students can bring their own equipment or bring money to rent equipment on site. Ice skates can be rented from the facility for \$8 (cash) and helmets can be rented for \$5 (cash). Please note that helmets are not required, but can be used if preferred. Hot food and drinks will also be available to purchase at a rink-side restaurant, the Lakeside Grill.

The cost for this event is \$5. The completed waiver form and fee, in cash or cheque payable to "Crestwood Preparatory College", must be submitted to a member of Student Government no later than Tuesday, December 3rd. By signing the attached waiver form, you are consenting to your child's participation, and aware of the mode of transportation we will be using to get to and from the Harbourfront Centre arena.

If you have any questions please contact Mr. Rachlis at your convenience.

Sincerely,

Mr. D. Rachlis



HARBOURFRONT CENTRE AREANA ICE SKATING EVENT
CONSENT AND RELEASE OF LIABILITY WAIVER FORM

Participating Crestwood students (Grades 7-12) will be travelling to the Harbourfront Centre arena on Tuesday, December 10th, 2013. By completing this waiver both Participant and Parent or Guardian give their consent to participate on the trip and to travel to and from the venue by school provided transportation. They are aware that this is a release of liability and both Participant and Parent or Guardian signs it of their own free will.

Participant's Printed Name Participant's Signature Date of Birth

Parent/Guardian Printed Name Parent/Guardian Signature Date

Ontario Health Insurance Plan YES NO
Health Card # Other Insurance
Insurance Plan Name
Policy Number

Emergency Phone Numbers
Home Mother @ Work
Doctor Father @ Work

If your child has or uses any of the following, please check it below. If your child has a medical condition that is not listed below, please write it down in the "Other Medications or Conditions" section.

Epi Pen YES NO Ritalin YES NO
Inhaler(s) YES NO Diabetes YES NO
Penicillin YES NO Insect Allergies YES NO
Food Allergies YES NO Epilepsy YES NO
Chronic Injuries YES NO If Yes State Type:

Other Medications or Conditions

If there is not enough space, please use a separate sheet of paper and attach it to this form.