## PARENTS CONSENT FORM ASTRONOMY CLUB ACTIVITIES

I wish my son / daughter to be allowed to take part in the Astronomy Club activities and having read the letter, agree to his / her taking part in any or all of the activities described.	
I understand that while the Victoria High School staff in charge of the club will take all reasonable care of the student's, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son / daughter arising during or out of Astronomy Club activities. I therefore agree to indemnify Victoria High School, its employees and agents against all liability or injury, loss to person or persons including death and damage to property, legal expenses and direct consequential losses or damage due to the acts or default of my child.	
I confirm that my child is medically fit to participate in the Astronomy Club activities. I consent to any emergency medical treatment necessary during the club activities. I will declare any medical / religious reasons why my child should not receive medical care until I am contacted. I have ensured that my child understands that it is important for his / her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed. Students will be responsible for transportation home after night time observations held on the school premises.	
Signed:	Date:
Parents name:	Parents email
Address:	Telephone:
	Telephone:
	Child's Name:
Postcode:	
Please give details below if your child suffers from any condition of which you feel the staff should be aware.	

Under no circumstances will students be allowed to take part in this initiative unless this consent form is completed and returned.

Please return to Mr. Geehan, Geehan, <u>igeehan@sd61.bc.ca</u>. Please remember it is very important we have your email addresses and contact numbers as the Astronomy classes will be very dependent on the weather on the day.