



Dear Parent/Guardian,

Junglesport Inc. climbing and adventure programs are coming to our school!

**Jungle Sport will be at Farewell from April 27-May 1st.**

**Please be sure to complete and Sign ALL FORMS IN THIS PACKAGE and return to the school prior to April 27th or your student will NOT be able to participate.**

Junglesport has run programs in schools across Ontario and Quebec for over 20 years, serving over 100,000 participants every year. Their programs have been designed to benefit students of all ages, abilities, and needs.

The philosophy behind their programs is S.A.F.E. – Safe, Active, Fun, Educational.

Junglesport sets up its climbing jungle gym in our school gymnasium and two qualified Junglesport instructors guide the students through a range of climbing and ropes course activities. There is always one teacher per class present in the gymnasium as well.

Junglesport supplies all the safety equipment required for all activities and each student is provided with a helmet and where appropriate, a harness. The helmets are constructed of a material that does not harbor lice and are cleaned on a regular basis. All Junglesport activities follow strict safety rules. Students need closed toed shoes to participate; **boots, Crocs, or other slides are not sufficient for Junglesport activities.**

Some of the activities they offer are: Wall Climbing; Traversing; Low Ropes; Ascending & Descending Static Lines; Obstacle Courses; Cable Ride and Gorilla Gym! The activities take place on the Junglesport structure in the safety and security of the school gymnasium.

Students will have the opportunity to try different activities, learn new skills, achieve success and increase self-awareness. To find out more information about Junglesport please visit their website [www.junglesport.ca](http://www.junglesport.ca) or facebook.com/JungleSport.

PARENTAL/GUARDIAN APPROVAL

SCHOOL: Colonel J.E. Farewell PS TELEPHONE: 905-666-3901

TEACHER: Devin White/Amy McPherson/all staff GRADE: K - 8

To parents and guardians: The purpose of this form is two fold –

1. To inform you of the nature of the program.
2. To seek your support and permission for your child to participate.

Date(s): April 27-May 1 Departure Time:                      Return Time:                     

Destination(s): NA

Method of Travel: NA

Financial Arrangements: Cost to be paid by students \$ 0 (deposits are non-refundable)

Purpose of Trip: Participate in Jungle Sports - low ropes, wall climbing, traversing, obstacle course

Requirements: Lunch NA Money none

Other NA Clothing comfortable gym clothing

Note to Parents: Prior to the visit, there will be classroom time devoted to establishing safety procedures. If your child has, or has had, any previous or current health problems which might affect his/her comfort or safety, would you please give full particulars in writing and telephone the teacher to discuss it. Students not achieving an acceptable level of conduct or behaviour may be excluded or withdrawn from an Out-of- Classroom/Co-Curricular Program.

Date: 04/07/20

Signature - Teacher  Signature – Principal

Please check the appropriate box, sign and return this bottom section to school.

I hereby do give my permission

I DO NOT give my permission

for my child (name):

to participate in: Jungle Sport April 27-May 1

Parent/Guardian Telephone:

Home:  Business:                     

Cell:                     

Doctor's Name:                      Doctor's Number:                     

OPTIONAL: Medical/Heath problems:                     

Date:

Signature of Parent or Guardian

**INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS**

Colonel J.E. Farewell PS \_\_\_\_\_ is arranging

(Name of School)

Jungle Sports activity in the gym from April 27 to May 1

(Description of activity and dates)

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.**

**ELEMENTS OF RISK:**

Educational activity programs, such as low ropes, wall climbing, obstacle course involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injuries which may result from participating in low ropes, wall climbing, obstacle course (describe activity)

- 1. concussion
- 2. breaks/sprains
- 3. rope burn

The 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. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Jungle Sports on April 27-May 1, 2026

you must understand that you bear the responsibility for any injury that might occur.

The Durham District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

**ACKNOWLEDGMENT:**

We have read above. We understand that in participating in the activity described above, we are assuming the risks with doing so.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**PERMISSION**

I give \_\_\_\_\_ permission to participate in the \_\_\_\_\_  
Jungle Sport to be held on or about April 27-May 1  
(description of activity) Date

**NOTE: A copy of this form may be provided to the activity operator.**

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

\_\_\_\_\_  
Date

(for students under 18 years of age)

SCHOOL: Colonel J.E. Farewell PSSTUDENTS' HEALTH AND SAFETY INFORMATION FORM  
FOR OVERNIGHT AND HIGH CARE ACTIVITIESName of Child: [REDACTED] Age: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Doctor: [REDACTED] Telephone: [REDACTED]

Emergency Contact Name and Telephone No (s): \_\_\_\_\_

The following information will be helpful to the teacher in making your child's out-of-school visit more comfortable, safe, and pleasant. All information will be held in the strictest confidence.

1. Describe any special conditions which must be taken into consideration in your child's participation in the full program:

Allergy \_\_\_\_\_

Diabetes \_\_\_\_\_

Asthma \_\_\_\_\_

Epilepsy \_\_\_\_\_

Feet or legs \_\_\_\_\_

Heart \_\_\_\_\_

Rash \_\_\_\_\_

Recent illness or operation \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Any other concerns \_\_\_\_\_

2. Does your child have any drug allergy or sensitivity? If so, give details:

\_\_\_\_\_

3. Does your child have any serum sensitivity? If so, give details:

\_\_\_\_\_

4. Give date of last tetanus shot and reason for it:

\_\_\_\_\_

5. If your child has any special night-time habits, any special fears, or nervous peculiarities (e.g., bed-wetting, nightmares) knowledge of which will allow the teacher to make their visit more relaxed, please state:

\_\_\_\_\_

6. Please list any medications you child is bringing. This includes both prescription and non-prescription drugs. All drugs must be held in the original container, and prescription drugs must show the doctor's instructions.

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_

Signature of Parent [REDACTED] Date [REDACTED]