Date: _____

Dear Parents/Guardians:

On _____, students from _____ will be competing in the Lakehead Public Schools Special Olympics Bowling Event at Mario's Bowl on Memorial Avenue. Buses will arrive at the school at _____and return at _____.

All participants are reminded that the following clothing/footwear is appropriate for this event:
- bowling shoes provided by the venue and clothing appropriate for Bowling
- no hats, watches, rings, jewelry
- students MUST come dressed to play - except for footwear. Locker rooms are off limits.

All participants are reminded to bring the following:
- plenty of fluids, snacks and a nutritious lunch
- a suitable bag/pack to store belongings

All participants are reminded of the following:
- no gum or sunflower seeds are allowed
- no peanut/nut products
- students are to wear school jerseys at all times
- students must be under the direct supervision of an adult at all times
- students are not allowed to leave the venue or be picked up by the parent/guardian without prior authorization of their coach

All coaches, students and spectators are reminded of the following:
- as a Lakehead Public Schools event - all venues are smoke free
- on site Convenors have the authority to remove any individual(s) whose conduct is deemed inappropriate
- all competitions emphasize participation, respect, co-operation and fair play
- scheduled times are approximate - next game will start when both teams are available

All coaches, students and spectators are reminded that at Mario's Bowl
- no food or drink is allowed on the playing surface
- the vending machines are off limits unless supervised by an adult
- parents and spectators need a PARKING PERMIT, or they will be ticketed

Please complete the ATTACHED/FORM BELOW and return it to the school no later than _____.

Thank you,
_____

----------DETACH HERE----------

Dear PARENT and/or GUARDIAN;

Your son/daughter _____ will be competing in the Lakehead Public Schools Special Olympics Bowling Event at on _____ at Mario's Bowl on Memorial Avenue.

I hereby give my consent for _____ to volunteer.

Signed: _____
PARENT'S SIGNATURE.

**Education activity program such as field trips involve some element of risk. Accidents may occur when participating in these activities without any fault on either the part of the student or Lakehead Public Schools, its employees or agents, or the facility where the activity is taking place. By choosing to participate, you are assuming the risk of an accident occurring. However, following instructions at all times while engaged in the activity can reduce the chance of an accident occurring. If you choose to participate in the field trip outlined above, you must understand that you bear the responsibility for any accident that might occur. Lakehead Public Schools does not provide any accident insurance on behalf of the students participating in activities of this nature.