



## Reference

Please ask a teacher, principal, counsellor, police officer or another person of authority to act as a reference by completing this section.

Name:	Occupation:
Contact Number:	Email:
How do you know the applicant?	
How long have you known the applicant?	
I certify that I know the applicant and that he/she is <b>between the ages of 15 – 18 as of November 14, 2018.</b>	
Signature: _____	Date: _____

## Student Commitment

The goal of the committee is to ensure that the youth voice is represented within the Kamloops Area RCMP and to assist with the development of effective youth strategies and initiatives.

I, \_\_\_\_\_ (*student name*), understand the goal of the RCMP Youth Advisory Committee and commit to attending a working session on December 14, 2018.

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

## Parent Permission

I, \_\_\_\_\_ (*parent/legal guardian name*), support the commitment that my child is making towards the RCMP Youth Advisory Committee

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

## Statement of Recommendation


I verify this student has been interviewed and is recommended for enrollment in the Kamloops and area Youth Advisory Committee

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

**Deliver this completed application, no later than Wednesday, November 14, 2018 to your TNT Coordinator or to the School Board Office, 1383 Ninth Avenue, Kamloops, BC V2C 3X7, Attention: Kira Wood**

**Students are responsible for their own transportation to and from the meeting.**

**School District #73 (Kamloops/Thompson)**  
**LOWER RISK FIELD TRIP**  
**INFORMATION & CONSENT FORM**

Principal's approval:   
Please return before: November 14, 2018

Teacher: Rick Kienlein, Director of Instruction – Secondary Education and Learning Services

Activity: Kamloops and Area - RCMP Youth Advisory Committee Meeting – District Event

Location: Henry Grube Education Centre – 245 Kitchener Cres.

Date (s): Friday December 14, 2018 from 8:45am to 2:00pm

Overview Itinerary for the Field Trip Program: Student meeting for RCMP Youth Advisory Committee applicants

Transportation:  Walking to and from the activity  Transported by school bus  
 Driven in private vehicles  Drivers required

(Volunteer drivers must be at least 21 yrs old & have at least \$1,000,000.00 liability insurance. There must be a seatbelt for each child & no air bag on front passenger side unless the passenger is 12 yrs of age or older. Drivers are responsible for complying with all child restraint/booster seat requirements. Drivers must have completed a SD#73 volunteer driver form.)

**Booster Seat Requirements for Private Vehicles**  
 My child is over 9 years of age OR over 4 ft. 9 inches- **No booster seat is required**  
 My child is over 18kg/40 lbs. AND under 4 ft. 9 inches- **A booster seat is required.**  
 My child will bring a portable booster seat. *Please note that it is the responsibility of the parent or guardian to provide booster seats, when required, for school field trips.*

Parent Helpers Required:  Yes  No Lunch Required:  Yes  No

Fee To Be Paid:  Yes  No (Amount required - \$ \_\_\_\_\_)

**This permission form must be returned for your child's participation.**

**Written notes or phone calls are not acceptable.**

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**PERMISSION SLIP**

I have read and am informed about the proposed field trip to the RCMP Youth Advisory Committee meeting at the Henry Grube Education Centre on Friday, December 14, 2018. I request that my child \_\_\_\_\_ participate in this trip.

I understand there is a cost involved and have enclosed \$ N/A with this form.

I, the undersigned parent or guardian of the above named student, request that my son/daughter be allowed to participate in the event described above. Both my son/daughter and I understand that Board Policy #240 "Student Behaviour – Discipline" applies on all field trips. The use of alcohol or drugs and or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

Note any medical conditions or medication the staff or supervisors should be aware of: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Please supply the school with: Family Physician, Care Card Number and Emergency Numbers if they are not already on file.

Parent/Guardian Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I can help drive \_\_\_\_\_ students with seatbelts. I can help supervise:  Yes  No

I have a school district driver waiver form on file with the office and all information is still current:  Yes  No

**Teacher/Office Use Only**  
Fee for Field Trip Received:  Yes  No Amount: \_\_\_\_\_ Initials: \_\_\_\_\_