

GEORGE MCDOUGALL HIGH SCHOOL

Consent Form –Ride of the Mustang



I /We, being the parent/guardian of _____ (the student) in grade _____, consent to his/her participation in the “Ride of the Mustang” bike-a-thon (April 15-April 17). I have filled out the medical information form on the reverse of this document.

Dated at, _____ Alberta this _____ day of _____, 20____.

Parent/Guardian Name: _____

Signature: _____

Parent/Guardian Name: _____

Signature: _____

- This is a Bike-A-Thon fundraiser for cancer research. There must be one team member biking at ALL times. Failure to keep pedaling will mean your team will give up the privilege of biking. During instructional hours, there can only be one team member at a time in the gym.
- The entry fee for each person is \$25.00 (please pay on school cash), which will go toward a t-shirt, food and entertainment. In addition to the \$25.00/participant entry fee, each team must raise a minimum of \$500.00 in pledges in order to participate in the Bike-A-Thon. If people are paying by cheque, please have them made payable to George McDougall High School. **All registration fees and donations are non-refundable.**
- Some food will be provided for those riding but be sure to bring something with you or eat before you ride.
- The nature of this activity requires sustained physical activity. Please be aware of your physical limitations.

For additional information please call the school at 403-948-5935.

Parent/Guardian

Please note that your child will NOT be allowed to participate in this event unless this form is signed and returned to the school by March 11, 2025.

Emergency Medical Information

Student Name: _____ Grade: _____

Alberta Health No.: _____ Birth Date: _____

Allergies: _____

Medical Conditions:

Medications taken(name, reason, dosage):

Dietary Restrictions (if any):

Other Concerns:

Emergency Contact:

Phone: (H)_____ (W)_____ (C)_____

Emergency Contact:

Phone: (H)_____ (W)_____ (C)_____

The personal information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act (FOIPP) for the purpose of participating in school field trips. If you have any questions about this consent form, please contact the School Principal or the Associate Superintendent of Schools.