



St. Gabriel The Archangel Catholic School

91 Fiori Drive, Woodbridge, Ontario L4L 5S4
Telephone: (905) 856-4155 • Fax: (905) 856-6557



Dear Parents/Guardians:

We are very excited to invite students and their families to join us on Friday, February 9th for St. Gabriel's 3rd Annual Skate Night at **Canlan Ice Sports - York** from 7:00p.m to 9:00 p.m. A pizza dinner will be served in the **York Room** to families starting at 6:00pm until 7:00 p.m. There is no charge for admission or food. Beverages including water, hot chocolate and coffee will also be provided at no cost to families, courtesy of St. Gabriel's Catholic School Council. The snack bar will be open; any purchases made are at your expense. The Skate Night event is being made possible by CSC funds raised. We hope to see families come out and enjoy!

All students must be accompanied by a parent or guardian, for supervisory purposes both on and off the ice.

- Children under the age of 7 and/or children who need assistance skating must have a parent/guardian with them on the ice, and they must be wearing skates.
- All families wishing to participate must return the attached signed Informed Consent Form (one per family).
- All children must wear CSA approved hockey helmets.
- No hockey sticks or other equipment allowed.
- Pro shop is open for skate sharpening. Cost is \$7 plus taxes. No skate rentals available.
- Families are responsible for their own transportation to and from the arena.
- The York Room will be available for non-skaters.
- Depending on the number of skaters that come out that night, for safety reasons, we may have to restrict the number of person allowed on the ice at one time however, everyone will have a chance to skate.

Upon arrival at the arena, families must check in at the York Room. Skating will take place in Rink 1.

Yours in Catholic Education,

A.C. Provato
Principal

Tony Lacaria
CSC Chair

Frank Longobardi
CSC Vice-Chair

Rina Gentile
CSC Event Coordinator

Schedule:

6:00 to 7:00 p.m. - Pizza Dinner

7:15 to 9:05 p.m. - Skating

Canlan Ice Sports – York: 989 Murray Ross Pkwy, Toronto, ON M3J 3M4 (416) 661-5900

All families attending MUST sign and return the attached Informed Consent Form AND the form below. This will assist us with ordering adequate amounts of pizza.



Please return this portion to the school by Mon. Feb. 5th, 2013

Family Name: _____ (Last Name) Number of: Adults: _____ Children: _____

Do Not order pizza for us. We are attending the Skating Portion of the evening only from 7:15 to 9:05 p.m.

Yes, order pizza for us. We will be attending the Pizza Dinner as well from 6:00 to 7:00 p.m.

Not attending.



**INFORMED CONSENT/PERMISSION FORM
FOR SKATING EXCURSIONS**

St. Gabriel the Archangel is arranging a skating excursion(s) for students to go to Canlan Ice Sports -York .This signed form is required for all students who wish to participate in this activity. It should be understood that the purpose of this excursion is educational.

INHERENT RISK

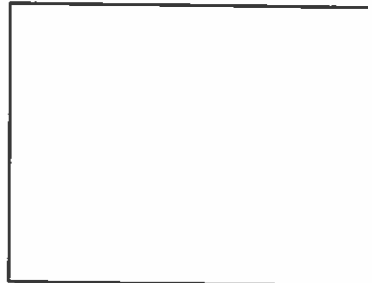
Skating is a sport with physical demands and inherent risks, which are beyond the control of Canlan Ice Sports -York and the York Catholic District School Board. Falls, collisions and other incidents may occur which result in serious injury, such as fractures, cuts, concussion or death. Participants **must assume** the inherent risks of the sport. _____

Following all rules and procedures can reduce the risk of injury. Failure to follow rules will result in the student losing their skating privileges.

EQUIPMENT

CSA approved hockey helmets **must** be worn by all students participating in this activity. As the safety of students is our number one priority, York Catholic District School Board supports the Ontario Safety Guidelines that outline the importance of the use of a CSA approved hockey helmet at all times for all levels of skating ability.

Parents must accept responsibility for equipment that is lost or damaged.



ACKNOWLEDGEMENT

WE HAVE READ AND UNDERSTAND THE CONTENT OF THIS INFORMED CONSENT.

DATE: _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PERMISSION

I give my son/daughter, _____ permission to participate in Skating to
Please print the names of all children skating.

be held at Canlan Ice Sports -York and will provide a CSA approved hockey helmet for my child.

DATE: _____ SIGNATURE: _____

TO BE COMPLETED IN DUPLICATE – 1 COPY FOR SCHOOL FILE/1 COPY FOR VENUE