



St. Aloysius Gonzaga Secondary School

2800 Erin Centre Blvd., Mississauga, Ontario L5M 6R5
(905) 820-3900 Fax: (905) 820-3902

September 6, 2011

Dear Parents/Guardians:

Your son/daughter has volunteered to become a leader for our Grade 9 Retreat Day.

During period one on **Wednesday September 28th**, we will have activities for our leaders to become acquainted with their grade 9 groups.

On **Wednesday, October 5th** we will be taking the entire grade 9 class to Croatian Cultural Centre in Norval. The leaders will be a large part of this experience. On this day we will have cooperative games and outdoor activities. Students do not have to wear their school uniform.

Sincerely,

Mr. J. Eagles
Prefect Supervisor
905-820-3900 ext. 70016

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I give permission for my son/daughter _____ to attend the Grade 9 Retreat events at St. Aloysius Gonzaga SS and Croatian Cultural Centre on **Wednesday, October 5th, 2011**.

Educational activity programs may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the School Board or the facility at which the activity is being held. The participant must assume these risks. The Dufferin-Peel Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of student's participation in this activity.

Parent/Guardian Signature: _____

Student Health Card Number: _____

Emergency Name & Number: _____

Food Allergies or Health Concerns: _____