

Out of School Activity Provider Application

Start of Block: Default Question Block

Welcome! Thank you for considering Dufferin-Peel Catholic District School Board (DPCDSB).

Before our staff can plan an out of school activity for students, they must ensure that the activity is safe and appropriate for the students' ages and abilities and connects to relevant curricula. Additionally, DPCDSB needs to make sure that the activity location and its administration have suitable safety considerations and insurance in place. The information gathered through this form will help us consider your organization and activity offerings as potential destinations for out of school activities for DPCDSB students that will help support high quality learning opportunities while avoiding harmful outcomes. Successful applicants will be considered as authorized Out of School Activity Providers that schools may arrange to visit.

An **Out of School Activity Provider** is an organization or individual that offers programs and/or activities for students to experience at a location outside of DPCDSB schools. Generally, these programs and/or activities require students to attend an out of school location for part or all of a school day and must involve the negotiation and execution of a form of written (including online) contract, for example: a purchase order, ticket with terms and conditions and/or other form of written/online contract. Out of School Activity Provider applicants will be contacted as soon as possible. Only online submissions are accepted; no printed copies or emails.

DPCDSB staff review applications for Out of School Activity Providers when referred and requested by a Principal or other board employees. Submissions will be reviewed throughout the school year, as received. Please indicate the following:

☐ Name of **Principal/staff member requesting** the out of school activity:

☐ Activity **Location(s)**: _____

Please provide the following information.

- ☐ Name of provider _____
- ☐ Contact name _____
- ☐ Email address _____
- ☐ Telephone _____
- ☐ Address _____
- ☐ Website _____

Which of the following best describes your organization? You may check as many as apply.

- ☐ Museum (e.g., Royal Ontario Museum, Bradley Museum)
- ☐ Zoo, aquarium, or agricultural location (e.g., Toronto Zoo, agricultural fair, farm)
- ☐ Sports facility (e.g., rock climbing gym, fitness centre, mini golf or golf, bowling)
- ☐ Place of worship (e.g., mosque, synagogue, gurdwara, mandir)
- ☐ Charity or outreach centre (e.g., food bank, charity kitchen)
- ☐ Government (e.g., court, community centre, legislature)
- ☐ Performing arts (e.g., theatre, concert hall)
- ☐ Experiential learning (e.g., art studio, robotics/computing activities, skilled trades, culinary school, escape room)
- ☐ Outdoor adventures (e.g., skiing, hiking, horse riding, high ropes)
- ☐ Amusement park (e.g., Canada's Wonderland)

☐

Postsecondary institution (e.g., apprenticeship training, college, university)

☐

Other (please specify): _____

What is the **maximum number of people that can be accommodated** at your location? *Note: If your location can accommodate more than 1,000 people, please select 1,000.*

0 100 200 300 400 500 600 700 800 900 1000

Maximum Capacity



Is your location accessible to persons with disabilities?

☐ Yes

☐ No

Please provide details regarding accessibility at your location.

Please provide a summary of the types of activities and/or programs offered when schools visit your location(s).

Please note that Out of School Activity Providers **must provide a minimum of \$2 million Commercial General Liability Insurance, with DPCDSB as additional named insured.** If this policy is cancelled, the new insurance must be provided to DPCDSB. A new policy will be provided on renewal or request. **Failure to provide proof of valid insurance will revoke your approval. Please upload a copy of your Certificate of Insurance or Proof of Insurance here.**

[Upload File Here](#)

Does your facility offer any of the following? Check all that apply.

- ☐ Low ropes
 - ☐ High ropes
 - ☐ Zip lines
 - ☐ Indoor or outdoor climbing walls or apparatus (e.g., rock climbing or climbing wall)
 - ☒ None of these
-

Display this question:

If Does your facility offer any of the following? Check all that apply. != None of these

Please upload your TSSA (for zip lines) or annual inspection document (all other apparatus).

Failure to provide this documentation will revoke your approval.

Note **only one file may be uploaded per box**. Merging PDF files into one file is acceptable for DPCDSB review, or up to three upload boxes have been provided for submission of documents if needed.

[Upload File Here](#)

Please upload any safety documents relevant to your activities (e.g., TSSA or inspections).

Note **only one file may be uploaded per box**. Merging PDF files into one file is acceptable for DPCDSB review, or up to three upload boxes have been provided for submission of documents if needed.

[Upload File Here](#)

Please upload additional documentation as needed.

[Upload File Here](#)

Please upload additional documentation as needed.

[Upload File Here](#)

Does your organization offer any activities that are included in the Ontario Physical and Health Education Association (OPHEA) Guidelines?

☐ Yes

☐ No

Display this question:

If Does your organization offer any activities that are included in the Ontario Physical and Health... =
Yes

Please confirm that you are aware of and compliant with Ontario Physical Activity Safety Standards in Education (OPHEA Guidelines).

☐ I am aware and my organization is compliant with OPHEA Guidelines.

Display this question:

If Does your organization offer any activities that are included in the Ontario Physical and Health... =
Yes

Please sign in the space below to confirm you are aware of and compliant with Ontario Physical Activity Safety Standards in Education (OPHEA Guidelines) if offering any activities included in the OPHEA Guidelines.

[Sign Here](#)

Please be advised that DPCDSB uses an internal elements of risk consent form and **does not permit the use of external risk waivers for staff or students.**

I understand, agree, and confirm:

☐ No external risk waiver can be presented to staff, students, or parents and guardians for signature.

☐ Any waiver presented or signed will be deemed null and void.

☐ I have the authority to bind my organization.

Please sign to confirm your understanding, agreement, and confirmation of the above points.

[Sign Here](#)

Any other documents may be submitted for review using the upload boxes below. Note only one file may be uploaded per box. Merging PDF files into one file is acceptable for DPCDSB review, or up to three upload boxes have been provided for submission of documents if needed.

[Upload File Here](#)

Please upload additional documentation as needed.

[Upload File Here](#)

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[Upload File Here](#)

Please note: Providing this information in no way guarantees attendance at your venue; however, not completing or providing this information does guarantee DPCDSB staff and schools will not be able to book trips to your site.

To submit your application, please click **Next** below. To make changes, please click the Back button.

End of Block: Default Question Block
