

Walnut Park Elementary School

P.O. Box 2649, Smithers, British Columbia VOJ 2N0
Telephone (250) 847-4464 email: wpsoffice@sd54.bc.ca

Jaksun Grice
Principal

De-anna Lea
Vice Principal

SPORTS & FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: *Gymnastics*
LEARNING OBJECTIVES: *Physical Education/Fitness*
DATE & TIMES: *3 (three sessions) from: 1:30pm -2:30pm*
Friday May 22, 2026
Friday June 5, 2026
Friday June 19, 2026

We will be leaving the school at 1:00 pm and walking back to school by 3:00 pm.

TRANSPORTATION: *Walking - Parent volunteers walking with us are greatly appreciated!*
SUPERVISING TEACHERS: *Mrs. Anderson*

EMERGENCY CONTACT: *Jaksun Grice, Principal 250-847-4464*
Field Trip approval: _____

COST: \$16.50 per student for 3 sessions
Please send a cheque, cash, or use debit at the office. Thank you!

ADDITIONAL INFORMATION:

Students should bring a water bottle and wear comfortable, loose clothing. There are no change rooms at the club. Parent volunteers are welcome to walk with us to the sessions, but **parents and siblings are not permitted to take part in the sessions.** This policy ensures the safety of all participants. Thank you for understanding.

(Please detach and return the permission slip below.)

DESCRIPTION OF ACTIVITY: *Gymnastics*
DATE & TIMES: *3 (three) Fridays - May 22, June 5, June 19 from 1:30pm-2:30pm*

SUPERVISING TEACHERS: *Mrs. Anderson*

In signing this permission form as well as, the attached waiver, I indicate that I understand the nature of the activity and its inherent risks and approve of the arrangements outlined above. I give my permission for my son/daughter/ward to participate.

COST: \$16.50 per student for 3 sessions. Please send a cheque, cash, or use debit at the office. Thank you!
I am willing to accompany the class and help with supervision. Yes _____ No _____

Please circle the date(s) that you are available to volunteer.		
May 22	June 5	June 19

Date: _____ Name of Child _____

Signature of Parent/Guardian _____ Phone number _____

If your child has any medical conditions or allergies, please indicate below:

In case of emergency with my child, please contact: _____ at _____

Name Phone number