

Walnut Park Elementary School

P.O. Box 2649, Smithers, British Columbia V0J 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 8, 2026

Friday May 29, 2026

Friday June 12, 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: **Miss Scott**

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 8, May 29, June 12 from 1:30pm-2:30pm**

SUPERVISING TEACHERS: **Miss Scott**

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 8 May 29 June 12

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