

Walnut Park Elementary School

P.O. Box 2649, Smithers, British Columbia V0J 2N0
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Jaksun Grice
Principal

De-Anna Lea
Vice Principal

SPORTS & FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: Cross Country Ski Lessons provided by qualified coaches at the Bulkley Valley Nordic Centre

LEARNING OBJECTIVES: Community Recreation/Fitness Activity

DATE & TIMES: Tuesday February 10th and Tuesday February 24th, 2026, from 12:15- 1:30

TRANSPORTATION: School Bus

The cost of bus transportation is covered by Walnut Park Parent Advisory Council.

SUPERVISING TEACHER: Vittoria Durfeld

EDUCATION ASSISTANTS AND VOLUNTEERS:

Keila White

Parent Volunteers are needed. Parents do not need to be able to ski but are welcome to if they have their own equipment. Parent volunteers with ski equipment will have to drive to the BV Nordic Centre.

EMERGENCY CONTACT: Jaksun Grice, Principal 250 847-4464

Field Trip approved: W

ADDITIONAL INFORMATION:

The cost is \$6 per student for both sessions. If you are paying by cheque, please make it payable to Walnut Park School.

Please ensure the students come with hat, mitts/gloves, rain or snow pants, several light top layers including a windbreaker or jacket, a water bottle and large healthy lunch.

The attached waiver must be signed and returned with this permission form.

(Please detach and return the permission slip below.)

DESCRIPTION OF ACTIVITY: Cross country skiing lessons provided by qualified coaches at the Bulkley Valley Nordic Centre.

DATE & TIMES: Tuesday February 10th and Tuesday February 24th 2026

We will leave the school at 11:45am and return at 2:15pm

SUPERVISING TEACHER: Vittoria Durfeld

In signing this permission form, 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.

Date: _____

Name of son/daughter/ward _____

Signature of parent/guardian _____

telephone number _____

I am willing to accompany the class and help with supervision. Yes _____ No _____

If your child has any medical problems or allergies we should be aware of, please indicate below:

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