

# Walnut Park Elementary School

P.O. Box 2649, Smithers, British Columbia V0J 2N0  
Telephone: (250) 847-4464 email: wpsoffice@sd54.bc.ca  
<http://wpsweb.sd54.bc.ca>

Dwayne Anderson  
Principal

Karolina Bolton  
Vice Principal

## SPORTS & FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: Cross country ski on the dog trails at BV Nordic Center and snow shoeing on the interpretive trail nearby.

LEARNING OBJECTIVES: Community Recreation/Fitness Activity

DATE & TIMES: Thursday Feb. 2, 9 and 16  
We will leave the school at 9:20 and return by 12:30.

TRANSPORTATION: School Bus  
The cost of bus transportation is covered by Walnut Park Parent Advisory Council.

SUPERVISING TEACHER: Leone MacDonald and Melanie Anderson

EDUCATION ASSISTANTS AND VOLUNTEERS:  
Lisa Peters  
Parent Volunteers are needed to ski with groups, snow shoe or walk with beginner groups. We will not be able to go without multiple volunteers.

EMERGENCY CONTACT: Dwayne Anderson, Principal 250 847-4464

Field Trip approved: 

ADDITIONAL INFORMATION:  
The cost is \$6 per student for all three 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 snack  
Each student and volunteer must sign the attached waiver. (Also, please detach and sign the permission form below.

(Please detach and return the permission slip below.)

DESCRIPTION OF ACTIVITY: Cross country ski on the dog trails at BV Nordic Center and snow shoeing on the interpretive trail nearby.

DATE & TIMES: Thursday Feb. 2, 9 and 16  
We will leave the school at 9:20 and return by 12:30.

SUPERVISING TEACHER: Leone MacDonald and Melanie Anderson

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