

Walnut Park Elementary School

P.O. Box 2649, Smithers, British Columbia V0J 2N0
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Dwayne Anderson
Principal

Karolina Bolton
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: Thursday February 2nd
We will leave the school at 9:30 and return by 12:00.

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

SUPERVISING TEACHER: Vittoria Durfeld

EDUCATION ASSISTANTS AND VOLUNTEERS:

Nicki Blinn-Berg

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: Dwayne Anderson, Principal 250 847-4464

Field Trip approved: 

ADDITIONAL INFORMATION:

The cost is \$3 per student. I will send reminders home to those who still owe money from our last ski day. (If your child did not attend, they do not owe money).
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 skiing lessons provided by qualified coaches at the Bulkley Valley Nordic Centre.

DATE & TIMES: Feb 2nd, 2023 We will leave the school at 9:30 and return by noon.

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