

Walnut Park Elementary School

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

Dwayne Anderson
Principal

Karolina Bolton
Vice Principal

SPORTS & FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: **Skating at Public Arena (new arena)**

LEARNING OBJECTIVES: **Physical Education/Fitness**

DATE & TIMES:

Friday, March 3rd, 2023 leave at 1:10pm, return at 2:50
Thursday, March 9th, 2023 leave at 9:00am, return at 10:30
Thursday, March 16th, 2023 leave at 9:00am, return at 10:30

TRANSPORTATION: **Walking**

SUPERVISING TEACHER: **Mrs. Coish and Mrs. Wallace (SEA)**

EMERGENCY CONTACT: **Dwayne Anderson, Principal 250 847-4464**

Field Trip approved: *D Anderson*

ADDITIONAL INFORMATION: **Helmets are mandatory for all skaters (Adults and children). Parents are welcome to join us, provided they also wear a helmet and skates on the ice. Parent volunteers are needed to help distribute borrowed arena skates and helmets as well as to help tie skates. I appreciate adults walking with the class over to the arena. Some skates and helmets are available to borrow at the rink, but students should try to get their own helmets. Bike helmets are permitted. Mitts and snow pants are also necessary. Due to the range of skating skills in the class, hockey sticks will not be allowed. BUS STUDENTS: Skates must be inside a zipped-up backpack when travelling on the bus to and from home. As per usual regarding field trips, siblings are not permitted to come with parent volunteers. This is a school policy to help ensure the safety of all participants and we thank you for your understanding.**

(Please detach and return the permission slip below.)

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SUPERVISING TEACHER: **Mrs. Coish and Mrs. Wallace (SEA)**

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

My child has skates: YES \_\_\_\_\_ NO \_\_\_\_\_

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

If yes, please indicate the date(s) you are able to help \_\_\_\_\_

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