

Walnut Park Elementary School

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

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Dwayne Anderson
Principal

De-anna Lea
Vice Principal

SPORTS & FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: Skating at Public Arena (old arena)

LEARNING OBJECTIVES: Physical Education/Fitness

DATE & TIMES: Tuesday, Dec. 3, 2024 Leave at 10:20 am, return at noon.
Tuesday, Dec. 17, 2024 Leave at 10:20 am, return at noon.
Friday, Jan. 10, 2024 Leave at 10:20 am, return at noon.
Friday, Jan. 17, 2024 Leave at 10:20 am, return at noon.
Friday, Jan. 31, 2024 Leave at 10:20 am, return at noon.

TRANSPORTATION: Walking

SUPERVISING TEACHER: Ms McIntyre and any parents who wish to join us.

EMERGENCY CONTACT: Dwayne Anderson, Principal 250 847-4464

Field Trip approved: Dad

ADDITIONAL INFORMATION:

HELMETS ARE MANDATORY FOR ALL SKATERS (ADULTS AND CHILDREN).

Bike helmets will work. Parents are welcome to join us. Volunteers are needed to walk with us, distribute arena skates and helmets as well as to help supervise. Skates and helmets are available to borrow at the rink if required, although they have a limited number. Mitts/gloves are necessary and snow pants are recommended. As per school safety, siblings are NOT permitted to come with parent volunteers.

PLEASE NOTE: BUS STUDENTS must have their skates inside a zipped up backpack when travelling on the bus to and from home.

(Please detach and return the permission slip below.)

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SUPERVISING TEACHER: Ms. McIntyre and any parents who wish to join us.

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 child _____

Signature of parent/guardian _____

telephone number _____

My child has skates: YES _____

NO _____

Child's shoe size _____
For arena skates _____

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