

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

De-anna Lea
Vice Principal

SPORTS & FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: Gymnastics at Saltos Gymnastics Club

LEARNING OBJECTIVES: PHYSICAL HEALTH EDUCATION

- Develop and apply a variety of fundamental movement skills in a variety of physical activities and environments
- Participate daily in physical activity designed to enhance and maintain health components of fitness

DATE & TIMES: Wednesday February 12th, 19th, 26th and March 5th
1:30pm-2:30pm-session at the Club
Leave on bus at 1:15pm and return on bus shortly after 2:30pm

TRANSPORTATION: Bus

SUPERVISING TEACHER: Mrs. Espersen

EMERGENCY CONTACT: Mr. Anderson, Principal (250) 847-4464

Field Trip approved: 

ADDITIONAL INFORMATION: Parent Volunteers are appreciated. There will be a \$25.00 fee/student to help cover the cost. Please pay Mrs. Espersen. Students can bring a water bottle and wear loose clothing.

Please have your child dress for the weather and bring a good lunch, snacks and water.
(Please detach and return the permission slip below.)

DESCRIPTION OF ACTIVITY: Gymnastics at Saltos Gymnastics Club

DATE & TIMES: Wednesday February 12th, 19th, 26th and March 5th
1:30pm-2:30pm-session at the Club
Leave on bus at 1:15pm and return on bus shortly after 2:30pm

SUPERVISING TEACHER: Mrs. Espersen

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