Walnut Park Elementary School

P.O. Box 2649, Smithers, British Columbia VOJ 2NO

Telephone (250) 847-4464

email: wpsoffice@sd54.bc.ca

Dwayne Anderson Principal man wpsofficewsa54.bc.ca

De-Anna Lea Vice Principal

SPORTS & FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: Gymnastics

LEARNING OBJECTIVES: Physical Health Education/Physical Literacy

DATE & TIMES: Tuesday, April 1,8, 15, and 22 *leave @ 1:00 & back by 3:00pm

TRANSPORTATION: Walking

SUPERVISING TEACHER: Ms. Wilson

EMERGENCY CONTACT: Dwayne Anderson, Principal Field Trip approval:

COST: \$16.00 per student for all 4 sessions

ADDITIONAL INFORMATION:

Students should bring a water bottle and wear comfortable, loose clothing. There are no change rooms at the club. Siblings are not permitted to come with parent volunteers. This policy ensures the safety of all participants. Thank you for your understanding.



1621 Main Street, Smithers BC (250) 847 – 3547 smitherssaltosgymnastics@gmail.com facebook.com/smitherssaltosgymnasticsclub

ASSUMPTION AND ACKNOWLEDGMENT OF RISKS FOR MINORS

PLEASE READ CAREFULLY

RE: Use of Premises and Equipment of the Bulkley Valley Gymnastics Association

TO: Bulkley Valley Gymnastics Association operating as Smithers Saltos Gymnastics (referred to in this document as Smithers Saltos Gymnastics) and its directors, officers, employees, representatives, officials, landlord and agents (collectively referred to in this document as the "Agents").

I have read the guidelines and rules issued for the use of Smithers Saltos Gymnastics premises and equipment, which I understand, and I agree to be bound by them. I further agree to acknowledge that:

1. The rules and guidelines governing the use of the premises and equipment are solely for that purpose, that is, for the use of gymnastics activities, and it remains my sole responsibility to act and govern myself in such a manner as to be responsible for my own safety;

2. I am aware of the risks inherent in participating in gymnastics activities and the use of gymnastics premises, facilities and equipment and I assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such use.

· ·	General Gym Rules
	 Do gymnastics safely
Participant's name:	 Ask your coach's permission before getting on equipment
Parent / Guardian Signature:	 Ask your coach's permission before attempting nev skills
Witness Signature:Date:	 If you leave the class, tell your coach Be cautious and aware of your surroundings when moving in gym

Gymnastics BC play | perform | progress

230 - 3820 Cessna Drive, Richmond, BC V7B 0A2 phone: 604.333.3GYM toll free: 800.556.2242 info@gymnastics.bc.ca www.gmynastics.bc.ca

DESCRIPTION OF ACTIVITY: Gymnastics

DATE & TIMES: Tuesday April 1, 8, 15, and 22 *leave @ 1:00 & back by 3:00pm

SUPERVISING TEACHER: Ms. Wilson

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.

COST: \$16.00 per student for all 4 sessions

Please send a cheque or cash. Our office has a debit machine as well. Thank you!		
	Emergency contact name: Number:	
Data	Name of Child	

Dute	Nume of Child

Signature of parent/guardian

telephone number