

# 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: **Gymnastics**

LEARNING OBJECTIVES: **Physical Education/Fitness**

DATE & TIMES: **3 (three sessions) from: 1:30pm -2:30pm**

**Monday April 28, 2025**

**Monday May 5, 2025**

**Monday May 12, 2025**

**We will be leaving the school at 1:00 pm and walking back to school by 3:00 pm.**

TRANSPORTATION: **Walking - Parent volunteers walking with us are greatly appreciated!**

SUPERVISING TEACHERS: **Miss Scott**

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

Field Trip approval: 

**COST: \$17.00 per student for 3 sessions**

**Please send a cheque, cash, or use debit at the office. Thank you!**

### ADDITIONAL INFORMATION:

Students should bring a water bottle and wear comfortable, loose clothing. There are no change rooms at the club. Parent volunteers are welcome to walk with us to the sessions, but parents and siblings are not permitted to take part in the sessions. This policy ensures the safety of all participants.

Thank you for your understanding.

(Please detach and return the permission slip below.)

DESCRIPTION OF ACTIVITY: **Gymnastics**

DATE & TIMES: **3 (three) Mondays - April 28, May 5, May 12 from 1:30pm-2:30pm**

SUPERVISING TEACHERS: **Miss Scott**

In signing this permission form as well as, the attached waiver, 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: \$17.00 per student for 3 sessions. Please send a cheque, cash, or use debit at the office. Thank you!**

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

Please circle the date(s) that you are available to volunteer.

April 28    May 5    May 12

Date: \_\_\_\_\_

Name of Child \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Phone number \_\_\_\_\_

If your child has any medical conditions or allergies, please indicate below:

In case of emergency with my child, please contact: \_\_\_\_\_ at \_\_\_\_\_

Name

Phone number