



Sacred Heart School K-9

4419 52 Avenue, Wetaskiwin
 AB, Canada T9A 2X7
 780-352-5533

Repetitive Events Field Trip Parent Permission Letter

Field Trip Activity GYMNASTICS

Field Trip Details

As part of Sacred Heart School's elementary physical education programming, grade 5 students will be participating in gymnastics on February 18 and 25, and March 4, 11, and 18. Students will walking from Sacred Heart School to and from the gymnastics facility to attend their class. Grade 5 classes will be split for gymnastics, with one class participating in the morning and the other class participating in the afternoon. Please note that students will be walking to and from the facility from the school so weather appropriate clothing is required. Students must also bring a change of clothing (preferably athletic wear) that is free of buttons, zippers, and metal for their safety. Upon arrival at the gymnastics facility, students will be under the instruction of facility staff and are expected to follow all directions for their safety. Students who are unable to participate will remain with the other grade 5 class.

Activities

Activity	Date	Time	Location	Address
GYMNASTICS	2/18/2020		Precision Gymnastics Association (Wetaskiwin & District Gymnastics Club) / Wetaskiwin & District Gymnastics Club /	4811 51 Ave Wetaskiwin, AB 780.352.3681 / 4419 52 Avenue Wetaskiwin, AB
GYMNASTICS	2/25/2020		Sacred Heart / Wetaskiwin & District Gymnastics Club	4419 52 Avenue Wetaskiwin, AB / 4811 51 Ave Wetaskiwin, AB 780.352.3681
GYMNASTICS	3/4/2020		Sacred Heart / Wetaskiwin & District Gymnastics Club	4419 52 Avenue Wetaskiwin, AB / 4811 51 Ave Wetaskiwin, AB 780.352.3681
GYMNASTICS	3/11/2020		Sacred Heart / Wetaskiwin & District Gymnastics Club	4419 52 Avenue Wetaskiwin, AB / 4811 51 Ave Wetaskiwin, AB 780.352.3681
GYMNASTICS	2/18/2020		Sacred Heart / Wetaskiwin & District Gymnastics Club	4419 52 Avenue Wetaskiwin, AB / 4811 51 Ave Wetaskiwin, AB 780.352.3681

Cost _____

Integration of the events and activities with Program of Studies / Educational Value

Alberta Physical Education General Outcome A - acquire skills through developmentally appropriate movement

Grades Attending Grade 5R and Grade 5H

Number of Attending Students 29

Number of Attending Teachers 1

Number of Non-Teaching School Staff 1

Number of Attending Volunteers 0

Lead Teacher and Contact Mr. Mark Rossetto (780) 352 5533

Attending Teachers, Supervisors and Volunteers

Mr Rossetto
Mr Hamer
Mrs Fanta

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation Walking

Safety Precautions Students will be instructed as to how to walk safely to and from the facility. Instructors at the facility will review safety procedures with students prior to activities.

Equipment Required Required equipment will be provided by the facility.

Clothing Required Change of clothing (eg. athletic wear) WITHOUT buttons, zippers, or metal of any kind is required for student safety and participation. Students will be walking to and from the facility, so weather appropriate clothing is imperative for all students. Students are encouraged to bring a water bottle.

Risks - Inherent, special or unusual risks associated with the field trip

GYMNASTICS

The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks also include catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

Injuries from executing strenuous and demanding, physical techniques.

Injuries from collisions with the wall and any gymnastics apparatus or falls to the floor or mat.

Injuries from physical contact with other participants.

Injuries resulting from failure to properly use any of the gymnastic apparatus or mechanical failure of the apparatus.

All manner of injuries and/or death which may result in the transportation to and from the facility.

WALK/RUN AROUND THE COMMUNITY

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators.

Date Submitted for Approval Jan 24, 2020

Signatures

TMCBRIOLLE
Principal (Signature)

[Signature]
Lead Teacher and Contact
(Signature)

Tara McBride
Print Name

Mark Rossetto
Print Name

01/24/2020
Date

01/24/2020
Date

Sacred Heart School K-9

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Feb 11,2020

Student Name _____ Grade _____

Field Trip Activity GYMNASTICS

Method of Transportation Walking

Please Indicate your fieldtrip payment method:

SchoolCash Online \$ _____ Cheque # _____ Cash \$ _____

Additional Information / Explanation

MEDICAL CONDITION

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), (NAME OF STUDENT HERE) _____ is to act in accordance of the School Act, District policy and rules as to student conduct. St. Thomas Aquinas Roman Catholic Separate Regional Division #38 does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

I understand that St. Thomas Aquinas Roman Catholic Separate Regional Division #38 assumes no financial liability to the students and/or their parents/guardians should the board cancel or interrupt an approved student trip / excursion for any reason whatsoever. I understand no parents/guardians shall be reimbursed for the loss of any field trip monies if the field trip/excursion is cancelled or interrupted. This includes any form of deposit. However, a parent shall be reimbursed field trip/excursion monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip/excursion, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances. I further understand that, in all instances, the board reserves, in full, the right to make any cancellation or interruptions it deems fit.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and/or travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

I understand and accept the above and provide the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 with the following waiver of liability and RELEASE AND INDEMNIFICATION AGREEMENT. I hereby release the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 and its' staff and agents from any and all liability for any injury sustained regardless of how caused, resulting from participation in the aforementioned field trip/excursion.

My child will attend the event: _____

Alberta Health Care Card Number: _____

Emergency Parent Contact: _____

Emergency Parent Phone Number: _____

My child will NOT attend the event: _____

Parent Signature: _____ Date: _____

Parent signature is required regardless if the child is attending the event or not. This form is REQUIRED to be returned to school.

If you are experiencing financial difficulties please contact the principal in confidence.

