

Due: Sept. 21, 2018



**GLOVER BAR  
JUNIOR HIGH**

Dear Parents/Guardians:

Students in Fitness and Games 7 and Fitness and Wellness 8 will have the opportunity to participate in a variety of community activities through Strathcona Country's reciprocal use agreement, as well as the great natural areas located in close proximity to the school. This is a general permission form for students to participate in all of the activities throughout the semester.

The \$14 fee is a part of this courses government approved field trip fee that compliments the \$25 course fee. There will be no other school field trip fees or forms sent home throughout this course, apart from a facility liability form for one of the facilities we may visit later in the semester. The course fee will go towards bringing in outside fitness instructors.

**It is imperative that this form is returned ASAP, as all students in the class must return their forms before we can go on our first trip.**

If you have any questions, please contact me at [braden.kuny@eips.ca](mailto:braden.kuny@eips.ca)

Regards,

Mr. Kuny



# FIELD TRIP PERMISSION FORM

AP 260 Field Trips

Dear Parents/Guardians, this is to inform you that we are planning the following field trip. Please retain Section 1 for your reference and return Section 2 to the appropriate supervisor.

## SECTION 1: Field Trip Information (to be completed by the Field Trip Supervisor)

Name of field trip	School
General Fitness and Wellness permission form	Clover Bar Junior High (7-9)

Today's date	Trip Supervisor/Staff Liaison (if not a staff member)	Position
September 10, 2018	Braden Kuny	Teacher

Description of field trip

Students in Fitness and Wellness will participate in various community based activities. With access to the bus, we will participate in various activities depending on weather and facility availability during the course of the semester. For any activities requiring specific clothing, students will be informed in advance (example: swimming).

Departure Date	Time	Return Date	Time	
Monday, September 17, 2018	8:30AM	January 28, 2018	3:15PM	<input type="checkbox"/> Add a row <input type="checkbox"/> Remove a row

Subject/Block	# of Students	Grades
Fitness and Wellness	22	8

Other supervisors (indicate if supervisor is a teacher, classified staff, parent or other volunteer)

Educational assistant may be present in the event a student from our PLACE program participates in the trip.

Destination(s), include the address whenever possible

Below is a list of possible community activities we will participate in based on availability and weather:

- Swimming - Kinsmen Pool, Emerald Hills Pool, Millennium Place
- Hiking - Edmonton river valley, Sherwood park trails
- Squash, racquetball - Glen Allen Rec Center
- Cycling - Sherwood Park Trails, Sherwood back skills park
- Running - Sherwood Park sidewalks
- Hiking, snow shoeing - Strathcona Wilderness Center
- Skating, shinny hockey, strength training, group fitness classes - Millennium Place.
- Track - Strathcona Athletic Park
- Cross Country Skiing - Gold Bar Park, Strathcona Wilderness Center, Blackfoot Reserve
- Bowling - Sherwood Park Bowling alley
- Tennis - Kinsmen or Broadmoor courts
- Strength training, fitness, spin - First Line Training
- Cross-fit - Cross-fit Sherwood Park

Purpose of the trip (include curriculum/program alignment)

Expose students to a variety of activities in the community to promote life long physical activity and functional fitness.

Activities	Risks and safety precautions
Activities could include: hiking, swimming, squash, racquetball, cycling, running, snow showing, cross country skiing, skating, bowling, tennis, and various group fitness classes.	Slips, trips, bumps, bruises, sprains, sprains, and drowning are all safety concerns potentially faced during activities. Life jackets, and various PPE will be used if/when necessary.

Transportation arrangements	Special clothing or equipment required
Bus, walking, cycling.	Athletic clothing, winter clothes when necessary, and swim trunks if necessary.

If your child has any **allergies or medical conditions** which require special consideration, please contact the school at **780-467-2295**

**Freedom of Information and Protection of Privacy - Notification of Use**  
 The information collected on this form is for the purpose of coordinating field trips in EIPS, including tracking permission and maintaining accurate emergency contact information. This personal information is collected pursuant to the provisions of the *School Act* and Regulations thereto, and the *FOIP Act*, section 33(c). If you have any questions about the collection and use of the information, please contact Elk Island Public Schools' FOIP Coordinator, 683 Wye Road, Sherwood Park, AB T8B 1N2 780-417-8204, or your school principal.

ELK ISLAND PUBLIC SCHOOLS FIELD TRIP PERMISSION FORM

**Request for Volunteers** (Field Trip Supervisor please indicate if volunteers are needed and provide a description of duties)  Yes  No

**Payment Information**

Amount/cost for field trip \$14.00 or  Amount/cost is included in grade/course field trip fee

School fee information for the 2017-18 school year is expected to be posted on the PowerSchool Parent Portal by early **October**. All fees are due within 30 days of being posted. To access your fee information, simply log in to the PowerSchool Parent Portal and go to "Student Fees." There you can view your fees and pay them online using Visa, MasterCard or INTERAC Online - when available from your financial institution.

How will refunds be issued? (Refund Statement - AP 505)

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**SECTION 2: Parent/Guardian Approval** (Students will be required to follow all applicable school rules for the duration of the trip.)

If this form is not completed and returned to the school, it will be considered that you have **NOT PROVIDED CONSENT** for your child to participate in the field trip as described above.

Field Trip: **General Fitness and Wellness permission form**

Trip Supervisor/Staff Liaison: **Braden Kuny**

I \_\_\_\_\_ allow \_\_\_\_\_ to participate in this field trip.

Parent/Guardian Signature

Date

**Emergency Contact Information**

Emergency contact name

Home phone

Work

Emergency

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