



## John Howitt Elementary School

3867 Marpole Street, Port Alberni, B.C., V9Y 6Y3 (250) 723-7521

<https://www.sd70.bc.ca/jhes>

### **Howitt Winter Wonderland Skating Trip: Thursday December 19<sup>th</sup>, 2024**

All students will be participating in a Winter Wonderland skating event at the Alberni Valley Multiplex on **Thursday December 19<sup>th</sup>**. We will be going in two sessions: **Group #1 before lunch (10:45 am until 12 pm)** and **Group #2 after lunch (12:45 pm to 2 pm)**. Students will be travelling to the Multiplex by school bus, please read the important information below about the event. **Please read page two and sign and return it to school by December 16<sup>th</sup>**.

- Students, please **BRING YOUR OWN SKATES and HELMETS** to school with you if you have them. There are limited rentals, especially helmets.
- Students who require rentals **please bring \$2 to help cover the cost**.
- **ALL STUDENTS, STAFF, AND VOLUNTEERS MUST WEAR A HELMET WHEN ON THE ICE; THE MULTIPLEX HAS A LIMITED NUMBER OF HELMETS TO BORROW. YOU MAY WEAR A BIKE HELMET, HOCKEY HELMET, HORSEBACK RIDING HELMET OR A SKI/SNOWBOARD HELMET. Please bring one from home if you have one!**
- The candy and vending machines will be OFF LIMITS for Howitt students.

<b>First Session will be from 10:45 to Noon (Buses depart at 10:45 am and leave the Multiplex at 11:45 am)</b>	<b>Second Session will be at 12:45-1:45 pm (Buses depart at 12:45 pm and leave the Multiplex at 1:45 pm)</b>
Mrs. Douglas (Div 1 Kindergarten)	Mrs. Organ (Div 2 Grade 1)
Ms. Lenormand (Div 4 Grade 2)	Mrs. Fedirchuk (Div 3 Grade 1&2)
Mrs. Davidson (Div 5 Grade 3)	Miss Henson (Div 8 Grade 6&7)
Ms. Dyer (Div 6 Grade 4)	Mrs. Mayes (Div 10 Grade 6&7)
Mrs. Bouchard (Div 7 Grade 5)	Mr. Carey (Div 9 Grade 6&7)

## Parent Volunteers:

- **All SD70 students, staff, and parent volunteers are required to wear helmets while on the ice. Please bring a helmet with you if you plan on skating.**
- Having extra volunteers off the ice to help tie skates is very helpful. Please join us if you can. Thank you!

If you have any questions or concerns about this event, please contact Mr. Brown or Mrs. Fryer at the school (250) 723-7521. Please sign and return the bottom this page to the school by Monday Dec 16<sup>th</sup>.

Season's greetings,

Mr. Brown  
Principal

## CONSENT AND ACKNOWLEDGEMENT OF RISK

**Destination/Program/Activity:** Howitt Winter Wonderland Skating **Dates:** December 19<sup>th</sup>, 2024

1. I acknowledge my right to obtain as much information as I require about this program or activity(ies) and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child may suffer personal and potentially serious injury arising from their participation.
3. My child has been informed that they are to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity(ies).
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have them picked up, unless I have specified other transport arrangements. I assume all related costs.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity(ies).
6. I consent that the board, through its employees, agents and officers, may secure such emergency medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for any costs related to such advice and services.
7. I grant permission for (insert name of board) to use, without payment of any fee or charge and without limitation on time or frequency, for nonprofit education and/or promotional purposes only, any photographs, video footage, audiotape or digital images of my child/ward. Yes ☐ No ☐

8. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) \_\_\_\_\_

(Date of Birth) \_\_\_\_\_ has my permission to participate

Date: \_\_\_\_\_ Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact Numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_