



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: Friday December 19th, 2025

All students will be participating in a Winter Wonderland skating event at the Alberni Valley Multiplex on **Friday December 19th**. We will be going in two sessions: **Group #1 lunch (9:15 am to 10:15 am) and Group #2 after recess and departing at 10:30 am (10:45 am to 11:45 am)**. Students will be travelling to the Multiplex by school bus, please read the important information below about the event. **Please read page two and three, please sign and return it to school by December 16th.**

- 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.

First Session will be from 9:15 am to 10:15 am (Buses depart the school at 8:55 am and leave the Multiplex at 10:15 am)	Second Session will be at 10:45 am to 11:45 am (Buses depart at 10:30 am from the school and leave the Multiplex at 11:45 am)
<p>Mrs. Organ (Div 2 K&1)</p> <p>Ms. Lenormand (Div 4 Grade 2&3)</p> <p>Mrs. Davidson (Div 5 Grade 3)</p> <p>Mrs. Bouchard (Div 8 Grade 5)</p> <p>Mrs. Mayes (Div 10 Grade 7)</p>	<p>Mrs. Koszegi (Div 1 K&1)</p> <p>Mrs. Fedirchuk (Div 3 Grade 1&2)</p> <p>Mrs. Freigang (Div 5 Grade 2&3)</p> <p>Ms. Dyer (Div 7 Grade 4)</p> <p>Miss. Jeffery (Div 9 Grade 6)</p>

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 at the school (250) 723-7521. Please sign and return the bottom of this page to the school by Monday Dec 15th.

Season's greetings,

Mr. Brown
Principal

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Program/Activity: John Howitt Winter Wonderland Skating

Dates: December 19th, 2025

Known Potential Risks:

- **Injuries related to motor vehicle crashes en route to and from activity area;**
- **Becoming lost or separated from the group or the group becoming split up;**
- **Injuries related to slips, trips, and falls in the program area or en-route to/from it;**
- **Injuries related to colliding with another person or with a fixed object;**
- **Injuries related to the physical demands of the activity and/or lack of activity skill;**
- **Acute or overuse injuries/conditions;**
- **Injury or delay related to ill-fitting equipment or clothing, equipment malfunction, failure to use the equipment properly or becoming tangled in apparatus;**

1. I acknowledge my right to obtain as much information as I require about this program or activity 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/ward may suffer personal and potentially serious injury arising from his/her participation.

3. My child/ward has been informed that he/she is 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/ward 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 him/her 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/ward that may affect his/her 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/ward's health and safety, and that I shall be financially responsible for any costs related to such advice and services.

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

(Name of Student) _____ has my permission to participate

Date: _____

Name (Please print): _____

Signature: _____