

T: 604.596.1101 F: 604.596.1550

December 8th, 2017

RE: Grade ____ Skating

Dear Parents:

In January, your child will be going skating with the Grade _____ class at the Newton Ice Arena on January ____ and February ____ as part of their physical education curriculum. We will leave the school at _____ and return to school at approx. _____. Students may come dressed for skating on this day and therefore do not need to wear their school uniform. The students will be driven to and from the arena. Please indicate below if you are able to drive the students to and from the arena. The fee for skating is being paid through your athletic school fees. Rentals are optional if your child has the proper gear. Helmets are mandatory for all students. <u>New regulations stipulate that ALL skaters must wear ice skating helmets. No bike helmets are allowed.</u>

Please complete the attached form and return it and all funds to school by **January 12th**, **2017**. Parents are welcome to skate with the students but should include additional funds if skate or helmet rentals are required.

Sincerely, nih Van ok Mr. Michael van der Pauw Principal _____ _____has permission to go on the skating field trip at the Newton Ice Arena on ______ and _____. I am able to drive _____# of students excluding driver, **to and from** the arena on ______ I am able to drive # of students excluding driver, **to and from** the arena on Please enclose the correct amount, no change will be provided. I have my own gear Check ✓ Student Skate rental \$3.00 x 2 sessions \$6.00 Student Helmet rental \$1.50 x 2 sessions \$3.00 Parent Skate rental \$3.00 x 2 sessions \$6.00 \$1.50 x 2 sessions Parent Helmet rental \$3.00 **\$**____ Total amount enclosed While the school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activity, and may occur without fault on the part of the student, school, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described is suitable for your child. FOR INSURANCE AND SAFETY REASONS, TRIPS MUST BE DIRECTLY TO AND FROM THE SCHOOL EXCEPT FOR SAFETY REASONS. NAME (please print) Parent Signature