



Westheights PUBLIC SCHOOL

429 WESTHEIGHTS DRIVE
KITCHENER, ONTARIO N2N 1M3
PHONE (519) 744-3549
FAX: (519) 744 8631

Dear Family,

Your child is taking part in the Off-Campus Elective Program on **Monday, June 24th, Tuesday, June 25th and Wednesday, June 26th, 2013.**

_____ expense for the Off-Campus activities in June is as follows:

Cost of Off-Campus Trips:

Deposit:

Amount Owing:

Please complete the attached the **Field Trip Consent Form [IS-04-F-2]** and return it, with the **payment**, by **Monday, June 10th, 2013.** Please make cheques payable to Westheights Public School.

Monday, June 24	Tuesday, June 25	Wednesday, June 26
<i>regular school entry time</i> 8:30 – 11:00 a.m. – depart by school bus to bowl at Brunswick Frederick Lanes <i>(white soled shoes may be worn instead of renting bowling shoes)</i> 11:20 to 12:00 p.m. – return to school for lunch <i>(all students must bring a lunch to eat at school)</i> 12:00 – 2:30 p.m. – depart to Empire Theatres to see a movie (Monsters University 3D) 2:50 p.m. – dismissal from Westheights	<i>regular school entry time</i> 8:30 a.m. – depart to Chicopee Ski and Summer Resort (climbing wall, high ropes, tennis, disc golf) <i>(closed toe shoes required)</i> 2:00 p.m. – depart Chicopee 2:30 p.m. – dismissal from Westheights	<i>regular school entry time</i> 9:15 a.m. – depart to Bingemans (water park, inside/outside mini golf, ropes, one lap go-karts) <i>(closed toe shoes required for go-karts/ropes)</i> 2:30 p.m. – depart Bingemans 2:50 p.m. – dismissal from Westheights

Thank you for supporting your student as a young adolescent who thrives on a variety of experiences, associations and learning.

Sincerely,

Nancy Jutzi, Principal



Waterloo Region
District School Board

FIELD TRIP/EXCURSION INFORMATION FOR PARENT/GUARDIAN/ADULT STUDENT

To be completed by the teacher in charge and kept by the parent/guardian/adult student.

School: Westheights Public School

Principal: Mrs. N. Jutzi

School Phone: 519-744-3549

Grade/Class/Course: Grade 7/8

Teacher(s): Ms. L. Osborn

Destinations: Brunswick Frederick Lanes/ Empire Theatres/ Chicopee Ski and Summer Resort/ Bingemans

Learning Expectations for the Trip: year end elective class trips

Departure Date: June 24, 25, 26, 2013

Time: see chart on reverse

Return Date: June 24, 25, 26, 2013

Time: see chart on reverse

Type of Transportation: school bus

Cost of Excursion: see reverse

Name, Address, and Telephone Number of Travel Agency or other Outside Organization: (if applicable)

Specific Activities of the Excursion: (see chart on reverse)

This is Identified as a Higher Risk Activity:

☒ Yes

☐ No

High Risk Activities are:

☐ Canoeing

☐ Camping

☐ Sailing

☐ Cycling

☒ Swimming

☒ Rock Climbing

☐ Nordic Skiing

☐ Alpine Skiing

☐ Snowboarding

☒ Other see chart on letter

Special Information (e.g., clothing, materials, lunch): Please dress appropriately for the weather including a hat and sunscreen if necessary. Please see chart on reverse for footwear requirements.

Teacher in Charge: Gr. 7/8 Teachers

Volunteers Needed

☐ Yes

☒ No

N/A For Supervision on the Excursion

N/A For Driving

PARENT/GUARDIAN/ADULT STUDENT CONSENT FOR FIELD TRIP/EXCURSION

To be completed by the parent/guardian/adult student for all field trips/excursions and returned to the school.

School: Westheights Public School

Field Trip Destination: Brunswick Frederick Lanes / Empire Theatres / Chicopee Ski and Summer Resort / Bingemans

Field Trip Date(s): June 24, 25, 26, 2013

Element of Risk: The risk of injury exists in every field trip activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well-being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in field trip activities.

Medication: If it will be necessary for your child to take prescription medication during the trip, the parent/guardian must complete the form *Administration of Medication* (IS-98-00). It must be forwarded to the Principal prior to the administration of medication. (*If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.)

I have read and understood the information on the *Field Trip/Excursion Information for Parent Form* (IS-04-F-1).

_____ of Form _____ has my permission to participate in this field trip/excursion.

If volunteer drivers are used, I give permission for my son/daughter to travel with a responsible volunteer driver. _____ (please check)

Health Card Number _____

Date

Signature of Parent/Guardian



STUDENT ACTIVITY RELEASE (GREEN)

396 MORRISON RD, KITCHENER ON.
Tel: 519-894-5610 | Fax: 519-894-5819
Email: guestservices@skdchicopee.com

Date of Visit

Student Name

School Name

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE,
AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.**

ELEMENTS OF RISK

Educational activity programs such as, but not limited to: climbing, hiking, disc golf, tennis, biking, beach volleyball, teambuilding activities, initiative activities, and outdoor games, involve certain elements of risk. Injuries may occur while participating in these activities.

The risk of sustaining injuries result from the nature of the activity and can occur without any fault of either the student, school board, its employees/agents or the CHICOPEE SKI CLUB, GRAND RIVER CONSERVATION AUTHORITY and its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns. By choosing to take part in any of the activities offered, you are accepting the risk that you/your child may be injured.

The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in any of the activities offered by or associated with this school excursion, you must understand that you bear responsibility for any injury that might occur.

The school board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

We have read the above. We understand that in participating in the activities described above, we are assuming the risks associated with doing so. I give my son/daughter permission to participate in the above noted activities to be held at the Chicopee Ski Club.

Signature of
Student

Date

Parent /
Guardian Name

Signature of
Parent /
Guardian

Date