

École Swan River South School

Swan Valley School Division

K WOODWARD, Principal

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Hi Everyone,

On Thursday, June 26th, students in grade 8 will have the opportunity to golf that morning on the last day of school! We will be teeing off at 9:30 am, and returning to school for approximately 12:30 pm to take part in afternoon activities. Students will be bussing to and from the golf course that morning.

For all students with memberships, there will be no cost for the trip, aside from bringing some money if snacks or drinks are wanted.

For students who are non-members, please bring \$10.00 for green fees plus some money for golf balls (if needed). The school does have some older rental clubs that can be used if needed as well.

With this being a school-related activity, all students participating that day will be walking the course, **no power carts are to be used.**

Please return the attached permission form by no later than Tuesday, June 24th.

If you have any questions or concerns, please feel free to contact the school.

Thanks,



Scott Behrmann
Grade 7-8 PE/Heath
ESRSS



"Co-operate, Motivate, Educate"



SVSD PARENT PERMISSION FORM

E9.21.2

ESRSSI would like your consent for your son / daughter to participate in the following activity(ies):

GOLF COURSE TRIP

Type of Out of School Experience ☒ Day Trip ☐ Overnight Trip

Date(s) of Trip:	Thursday, June 26th- 2025		
Destination:	Swan River Golf Course		
Transportation:	Please see attached form (Bus)		
Reason for Trip:	Field Trip		
Accommodations:	N/A		
Departure Time:	9:00 AM	Return Time:	12:30 PM
<input checked="" type="checkbox"/> Additional Trip Information Attached (cover letter, trip details, itinerary)			

Transportation ordinarily will be by Division bus(es). However, occasionally it is necessary to arrange transportation by division van or parent vehicles when buses are not available. (R5.36.1)

It is understood that your son/daughter is to obey all school rules and that disciplinary action will be taken if deemed necessary.

Elements of Risk: Educational activity programs, such as the above activity, involve certain elements of risk. Injuries may occur while participating in these activities. The risk of sustaining injuries results from the nature of the activity and may occur without fault of either the student or the School Board, its employees, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. It is recommended that your son/daughter have a recent medical examination to ensure fitness to participate in this school program.

Signature of Trip Supervisor

Date

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT. ALL STUDENT MEDICAL & CONTACT INFORMATION FOR THIS TRIP WILL BE TAKEN FROM THE SCHOOL DATABASE AS OF SEPTEMBER OF THE CURRENT SCHOOL YEAR.

PLEASE FILL IN MEDICAL & CONTACT INFORMATION ONLY IF THERE HAVE BEEN CHANGES SINCE THIS TIME.

Recent Injury / Illness:	Medication:
MB Health: 6-Digit #	MB Health: 9-Digit #
Family Doctor Name:	Phone Number:
Home Phone:	Cell Phone:
Emergency Contact:	Phone Number:

ACKNOWLEDGEMENT:

I, _____ understand and accept the above, and hereby give permission for
(Parent / Guardian's Name)

_____ to participate in this activity.
(Student's Name)

I HAVE READ THE ABOVE INFORMATION AND DO HEREBY GIVE MY CONSENT.

Signature of Parent / Guardian

Date