

École Swan River South School

Swan Valley School Division

K WOODWARD, Principal

J LEADBEATER, Vice-Principal

Box 1059
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Hi Everyone!

Our first divisional athletic event, **the cross-country run**, is fast approaching. It will be taking place on **Friday, September 19th at the Swan Valley Museum**. This event will once again take place during school hours this year from 1-3 pm. Students will be bussed to the event, and back in time for the end of the school day. Parents are invited to come and watch! If parents are picking up their child directly from the event, please let me know ahead of time.

Please see below for the approximate times in which each run will take place:

Grade 5/6 individual race (2km)- 1:10 pm

Grade 7/8 individual race (2km)- 1:30 pm

Grade 5/6 relay race (4 km- 1 km each)- 1:50 pm

Grade 7/8 relay race (4 km- 1 km each)- 2:20 pm

***Note- There is a cap of 8 teams total for the relay races.**

Please dress accordingly on that day based on the weather. Proper footwear (running shoes) will be a must, as students will be running on natural terrain.

Both individual races will be 2 km in length, while the relay will be 4 km in length with each relay participant completing 1 km. In preparation for this event, students will be encouraged to run on their own time, if possible. **We will also be having 3 practice runs after school. In order to attend the race on the 19th, students will need to made an attempt to come to practice.** Here are our practice dates:

Wednesday, September 10th- 3:45-4:20

Monday, September 15th- 3:45-4:20

Wednesday, September 17th- 3:45-4:20

The route will be on school grounds: please see back page....

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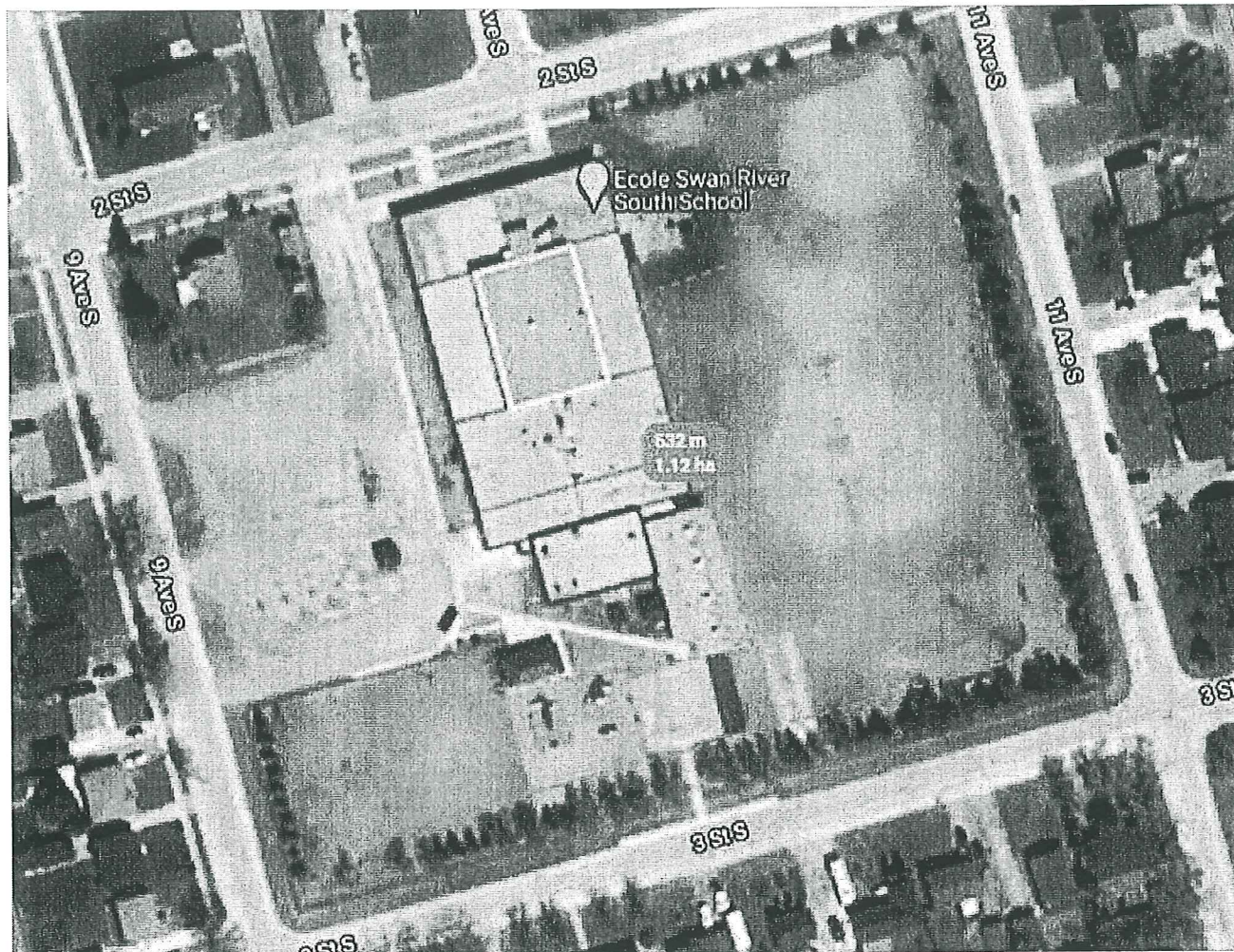
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Please return the attached permission form to Mr. Behrmann in the gym office, by no later than Wednesday, September 10th if you wish to attend the first practice, or by September 15th if you plan on running at the event but cannot attend practices due to a valid reason! Any questions, please email me at sbehrmann@svsd.ca

Thanks!

Scott Behrmann

Grade 7-8 PE/Health

ESRSS

SVSD PARENT PERMISSION FORM

E9.21.2

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

CROSS COUNTRY RUN

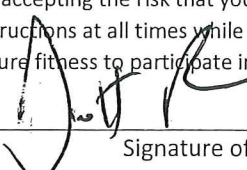
Type of Out of School Experience ☒ Day Trip ☐ Overnight Trip

| | | | |
|--|---|--------------|---------------|
| Date(s) of Trip: | Practices: Sept. 10 th /15 th /17 th (3:45-4:20 pm) Event: Friday, September 19th- 2025 | | |
| Destination: | Swan River Museum/ESRSS School Grounds | | |
| Transportation: | Practices: Parent Pick Up Event: Division Bus) | | |
| Reason for Trip: | Athletics | | |
| Accommodations: | N/A | | |
| Departure Time: | Event 12:30 pm | Return Time: | Event 3:15 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

Sept 8- 2025.
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: | _____ | Work Phone: | _____ |
| Emergency Contact: | _____ | Cell Phone: | _____ |
| | _____ | 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