

# École Swan River South School

Swan Valley School Division

**K WOODWARD, Principal**

**J LEADBEATER, Vice-Principal**

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October 2, 2024

Hello Parents & Guardians,

Mr. Stevenson's class is planning several field trips to the Swan valley Cheetahs Gymnastics Sensory gym! The class will go on Wednesdays for an hour on the following dates: Oct. 9 & 23; November 6 & 20; Dec. 4; Jan. 8 & 22; Feb 5 & 19 and March 5 & 19 from 9:45-11:00 am. It is a fun indoor gym experience that is safe and helps build independence and improve motor development! Please sign **both** forms. The field trip permission form and the Swan Valley Cheetahs Waiver form. Students will be transported by bus on the dates above to and from the facility.

Yours in Education,

Mrs. Leadbeater

**Dates:**

October 9 and 23  
November 6 and 20  
December 4  
January 8 and 22  
February 5 and 19  
March 5 and 19



*"Co-operate, Motivate, Educate"*



# SWAN VALLEY CHEETAHS GYMNASTICS CLUB

## NOTICE OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS & CONSENT FORM

**NOTICE OF RISK:** I am aware that the GYMNASTICS ACTIVITIES involved inherent risks, dangers and hazards, both known and unknown, that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. I understand that similar risks are also inherent in using equipment associated with the ACTIVITIES, and any other devices, apparatus or attractions present at the facility. I **acknowledge and assume the potential risks and consent to my/my child's participation in the ACTIVITIES.**

**RELEASE OF LIABILITY AND WAIVER OF CLAIMS:** I confirm that I have read the above description of risks and understand the risks involved in participating in the Gymnastics Club's program and ACTIVITIES. I confirm that I voluntarily and freely accept all such risks and choose to participate/allow my child to participate in the Gymnastics Club's program and ACTIVITIES. I accept full responsibility for my own/my child's actions.

In consideration of being allowed to participate in the Gymnastics Club's program and ACTIVITIES, I hereby agree as follows:

To waive any and all claims that I have or may have in the future against, and to release and discharge from any and all liability, the Gymnastics Club, it's coaches, volunteers, and representatives in connection with or participation in the Gymnastics Club's program and ACTIVITIES for any and all of the following: personal injury, death, property damage and any other loss, damage or expense arising from any cause whatsoever.

### CONSENT TO PARTICIPATION:

I/my child have/has been informed that I/he/she is to abide by the rules and regulations including directions and instructions from the administrators, instructors, coaches, and supervisors as imposed on me/my child while participating in the ACTIVITIES.

I acknowledge that I/my child am/is in good health, and in proper physical condition to participate in the ACTIVITIES, and I acknowledge it is my responsibility to notify the staff of any physical or mental concerns for me/my child which may affect my/my child's participation in the ACTIVITIES.

I acknowledge that the ACTIVITIES may require an instructor, coach, or supervisor to perform some manual spotting which involves direct physical contact with me/my child and designed to assist the participant in the safe performance of the program skills, and I consent to same.

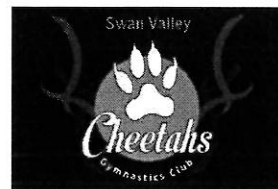
**I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST THIS GYMNASTICS CLUB INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.**

Parent Name (print)

Student Name (print)

Parent Signature

Date



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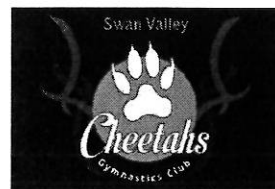
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Parent Name (print)

Student Name (print)

Parent Signature

Date





# SVSD PARENT PERMISSION FORM Acknowledgment of Risk Form

Dear Parent/Guardian;

ESRSS would like your consent for your child, to participate in the following activity.  
(School)

Type of Out of School Experience

☒ Day Trip

☐ Night Trip

Date(s) of Trip:	Oct. 9+23 Nov. 6+20 Dec 4 Jan 8+22 Feb 5+19		
Destination:	Sensory Gym - Gymnastics Club		
Transportation:	BUS		
Reason for Trip:	Sensory Gym		
Accommodations:			
Departure Time:	9:30	Return Time:	11:00
<input checked="" type="checkbox"/> Additional trip information attached (cover letter, trip details, itinerary)			

Transportation ordinarily will be by SVSD 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 child 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 SVSD 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 child have a recent medical examination to ensure fitness to participate in this school activity.

J. Leadbeater  
Signature of Trip Supervisor

Oct. 21/2024  
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.**

<b>PLEASE FILL IN MEDICAL &amp; CONTACT INFORMATION ONLY IF THERE HAVE BEEN CHANGES</b> to information filed at time of annual registration.			
Recent Injury/Illness		Medication	
MB Health - 6 digit #		MB Health - 9 digit #	
Out of Province Health #			
Family Doctor Name		Phone #	
Main Contact Number		Work #	Cell#
Emergency Contact		Phone #	

## ACKNOWLEDGEMENT:

I, \_\_\_\_\_ understand and accept the above, and hereby give permission for  
(Parent/guardian's name)

\_\_\_\_\_ to participate in the \_\_\_\_\_.  
(Student's Name)

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date