



Stony Plain Central School

5108 - 55 Avenue, Stony Plain, Alberta T7Z 1R4

Phone 780-963-2203

Fax 780-963-2721

spc@psd.ca

September 2021

Dear Parents/Guardians,

This year, Stony Plain Central students in grades 3 through 6 will once again have the opportunity to participate in the PLAY Parkland Project. The Physical Literacy and You (PLAY) Parkland project started 8 years ago when 5 schools got together, SPC being one of them, and created a program that allowed students to explore and build their physical literacy skills. Since its conception, the program has evolved and runs in 13 of Parkland School Divisions' schools and involves a number of community partners which offers students opportunities for the long-term development of their physical literacy skills in multiple environments. We have been working closely with the facilities in order to ensure that all safety precautions have been put in place.

Starting September 23 and running through to October 28, students in Grade 3 and 4 will be travelling to the Tri Leisure Centre every Thursday to take part in the water, air, land and ice sessions. Please ensure that you refer to the schedule provided so that you are aware of the times and dates that your child will be away from the school.

Payment must be made in full before your child is scheduled to attend the program.

Students will be required to follow the COVID regulations set by the Tri-Leisure and Parkland School Division meaning that they must wear their masks on the bus. When participating in Air, we have been requested that no jeans or pants with buttons shall be worn and hair must be tied back.

Should you have any questions or concerns, please do not hesitate to contact the school and speak with Mrs. Neuman or Mrs. Wakefield.

Please find the following in the attached package:

- 1) SEPTEMBER to October schedule
- 2) SPC Fee and Permission Slip to leave the school grounds for the purpose of PLAY Parkland
- 3) Aerials Waiver
- 4) Swim at School Registration form

All forms must be signed and returned no later than Monday, September 20, 2021.

Regards,

Mrs. Neuman, Mrs. Wakefield, Mr. Walline, Mrs. Smith, Mrs. Arklie, and Miss Theriault



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Fee Allocation:

Full year - 1 payment of \$75.00

Payment can be made through the PowerSchool Parent Portal

If writing a cheque, please make payable to **PARKLAND SCHOOL DIVISION**

NOTE: These Fees were included in your 2021-2022 school fees this year. If you have not yet paid these fees please do so before your child participates in PLAY Parkland.

****If you have already paid these fees then please disregard this reminder.**

Please return all forms to your child's teacher by **Monday, September 20, 2021.**



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Grade 3

Date	Session 1	Session 2
September 23	12:15 - 1:00 Ice Equipment: Skates and Helmet	1:15 - 2:15 Air Equipment: Comfortable clothes
September 30	12:15 - 1:10 Water Equipment: Swimsuit and Towel	1:30 - 2:15 Air Equipment: Comfortable clothes
October 7	12:15 - 1:00 Ice Equipment: Skates and Helmet	1:15 - 2:10 Water Equipment: Swimsuit and Towel
October 14	12:15 - 1:10 Water Equipment: Swimsuit and Towel	1:30 - 2:15 Land Equipment: Comfortable clothes
October 21	12:15 - 1:00 Land Equipment: Comfortable clothes	1:15 - 2:10 Water Equipment: Swimsuit and Towel
October 28	12:15 - 1:10 Water Equipment: Swimsuit and Towel	1:30 - 2:15 Land Equipment: Comfortable clothes



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Grade 4

Date	Session 1	Session 2
September 23	12:15 - 1:00 Air Equipment: Comfortable clothes	1:15 - 2:15 Ice Equipment: Skates and Helmet
September 30	12:15 - 1:10 Ice Equipment: Skates and Helmet	1:30 - 2:15 Water Equipment: Swimsuit and Towel
October 7	12:15 - 1:00 Water Equipment: Swimsuit and Towel	1:15 - 2:10 Air Equipment: Comfortable clothes
October 14	12:15 - 1:10 Land Equipment: Comfortable clothes	1:30 - 2:15 Water Equipment: Swimsuit and Towel
October 21	12:15 - 1:00 Water Equipment: Swimsuit and Towel	1:15 - 2:10 Land Equipment: Comfortable clothes
October 28	12:15 - 1:10 Land Equipment: Comfortable clothes	1:30 - 2:15 Water Equipment: Swimsuit and Towel



Stony Plain Central Offsite Field Trip Permission



Date of Activity	September 23, 30 October 7, 14, 21, 28	Teacher(s)	Mr. Walline, Mrs. Smith, Mrs. Arklie, Ms. Theriault
Activity	Play Parkland	Grade(s)	3 & 4
Location	Tri Leisure, Spruce Grove	# of Parent Helpers Req'd	N/A
Start Time	11:30 PM <input type="checkbox"/>	End Time	02:45 PM <input type="checkbox"/>
Lunch	Bring A Bag Lunch <input type="checkbox"/>	Please Return Form By	8/26/21
Comments	Refer to your child's schedule to determine what equipment is required for each date outlined above.		

ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT

I/We acknowledge that my child will participate in the fieldtrips/activities as outlined. These activities involve certain risk, dangers and hazards to the participants. These may include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and trip or event cancellation or curtailment.

I/We understand that during these activities, authorized staff of Parkland School Division staff, supervisory adults, as well as employees of other agencies associated with this activity will endeavour to instruct, protect, and care for the well-being of my child as would I in their place, including making decisions regarding the medical care of my child and/or transportation to receive medical care.

I/We understand that my child will be expected to uphold the behaviour expectations of students of Parkland School Division as in any other school endeavour as outlined in the Student Code of Conduct. I understand that my child's failure to abide by behaviour expectations could result in his/her removal from the activity.

I/We have discussed the risks and expectations of this activity(s) with my child and have confidence that my child has understood them. I am aware that every parent has the right to deny his/her child's participation in an off-site activity and that this activity(s) is/are not a prerequisite for the completion of any required course of study. As parent/guardian, I will ensure my child is appropriately prepared and has the necessary equipment.

I/We are aware that the Program Facilitator reserves the right to postpone, terminate or cancel an activity at any time and with little notice if the activity can no longer be conducted in a safe and secure manner.

I/We understand that the Superintendent of Parkland School Division 70 may cancel or interrupt any approved off-site activity at any time up to the point of return from that activity, where the Superintendent considers the safety and well being of students and supervisors to be at unusual risk, real or potential, due to emergent circumstances. Such a decision will consider any emergent change in social, political, health, legal or physical environment that may contribute to risk greater than that which existed when the offsite activity was originally given approval. Further, I/we understand that only those costs will be reimbursed that are made available or returned to Parkland School Division as a product of the cancellation of the offsite activity.

I/We have read and understood the above statements at my leisure, understood the nature of the document and its content. I consent to the participation of my child in this activity and associated activities.

Student Name	Homeroom Class/Teacher
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Printed Name of Parent/Guardian	Signature of Parent/Guardian
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Date	Phone Number
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This permission sheet must be returned for your child's participation -- written notes or phone calls are not acceptable



Participant Release Form

Border Paving Athletic Centre info@aerialsgymclub.com
211 Jennifer Heil Way, Spruce Grove, AB www.aerialsgymclub.com
Phone: 780.962.5350 Fax: 780.962.5349



FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
ADDRESS STREET	CITY	PROVINCE	
POSTAL CODE	PARENT/GUARDIAN NAME	TELEPHONE	
EMERGENCY CONTACT	TELEPHONE	CLUB NAME	

Club Programs are defined and include all multiple gymnastics related activities

Alberta Freedom of Information and Protection of Privacy Act. (FOIP) By signing below I consent to having the information in this document collected by The Directors of Aerials Gymnastics. The personal information requested on this form is collected under the authority of Aerials Gymnastics and Section 33 © of the FOIP Act to allow participation in programs. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIP Act.

Photo/Video Release

I acknowledge that Aerials Gymnastics may take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising purposes. I agree to have my/my child's picture and/or video used for advertising purposes _____ (initials).

Description of Risks

I am aware that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. I acknowledge that personal harm or injury may be sustained during my/my child/children involvement in the activity, for example broken bones, head injuries, dislocations, tendon and ligament damage, damage to teeth and dental work, spinal injuries that could result in various degrees of paralysis or death. I acknowledge and assume the potential risks and consent to my/my child/children participation.

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, and supervisors as imposed on me/my child/children while participating in the program.
- In the event that I/my child fails to abide by the rules and regulations imposed on me/my child/children while participating in the program, disciplinary action may either require that I/he/she not participate in the program or activity, or that I will leave/be contacted to have my child picked up or transported home at my own expense.
- I acknowledge that 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 program.
- I acknowledge that the program may require a instructor to perform some manual spotting which involves direct physical contact with my child and designed to assist the participant in the safe performance of the program skills.

Waiver of Liability

I acknowledge that I have read the above description of risks and accept responsibility for my own actions/my child/children actions. I also acknowledge that I understand, appreciate and accept the physical risks associated with my participation in and / or in Aerials Gymnastics program, and that I have executed this understanding of risk agreement voluntarily.

In consideration of my/my child's participation in the program with Aerials Gymnastics with its inherent risks and hazards, I agree to:

- Waive and Release any and all claims against all liability for personal injury, death, property damage, or loss that I/my child may suffer, arising from any cause whatsoever, that I or my child may have now or in the future against Aerials Gymnastics, it's elected directors and officers, employees, agents, volunteers, and representatives, or any of them in connection or participation within the program

Medical/Emergency

I hereby authorize basic first aid to be delivered to me/my child by the club staff or other authorities. By administering first aid when required or requested, the Aerials Gymnastics in no way warrants or assumes any liability in relation to the administration of such basic first aid.

I further understand and agree that, in the case of an emergency, the Aerials Gymnastics assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse the Gymnastics Club for any such costs or expenses that it incurs.

I CONFIRM THAT I HAVE READ, COMPLETED AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST AERIALS GYMNASTICS.

Signed this _____ Day of _____, 20____ at _____

Signature of Participant (if over 18 years of age): _____ Signature of Witness: _____

Signature of Parent or Guardian (as named above): _____ Signature of Witness: _____



School Lesson Registration Form

Dear Parents:

Your child will soon be taking part in the Red Cross Swim @ School Program offered by your school in conjunction with the TransAlta Tri Leisure Centre. The following information must be provided to register your child in this program. Please read and complete this form. If you have any questions do not hesitate to call the Aquatics Office for guidance at (780) 960-5080.

Student's Name: _____ Grade: _____

School: SPC Teacher: _____

Phone # Home: _____ Work #: _____

Emergency Contact (name & number): _____

Birth Date: _____

Any health information, behavioural concerns, or parent worries:

Note: If your child requires an aide in the classroom, then they will require an aide in the pool.

Please indicate the current swimming level of your child (example: Swim Kids 3, Crocodile, etc)

I give my permission to have my child participate in the swim program.

Parent Signature _____ Date _____