



## Stony Plain Central School

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

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spc@psd.ca

Tuesday, March 1, 2022

Dear SPC Parent/Guardians:

It's time to let students get ACTIVE and inspire them to PLAY with dance! Therefore we are excited to welcome DANCEPLAY to SPC on Wednesday, March 9 for students in ECS A and Grades 1-3 and Thursday, March 10 for ECS B and Grades 4-6.

DANCEPLAY is an award-winning program that allows students to participate and explore simple movements from a variety of dance styles from around the world while they learn and live the 3 rules of PLAY: Be Positive, Be Fun, Be Yourself.

The cost for this activity is \$7.00/student. **FOR STUDENTS IN GRADES 3 AND 4 THIS PROGRAM IS ALREADY PART OF YOUR PLAY PARKLAND FEE.**

Please sign and return the attached permission form to your child's homeroom teacher and make a **payment by Monday, March 7, 2022.**

Sincerely,

Mrs. Wakefield

Grade 6 Teacher and Play Parkland coordinator



## Stony Plain Central Field Trip Permission

Date of Activity	ECS A and Gr 1-3 Wednesday, March 9, 2022 ECS B and Gr 4-6 Thursday, March 10, 2022	Teacher(s)	Mrs. Wakefield and SPC teachers k-6
Activity	DancePlay	Grade(s)	ECS - 6
Location	Stony Plain Central Gym	# of Parent Helpers Req'd	N/A
Start Time	9:00 AM	End Time	2:50 PM
Lunch	N/A	Please Return Form By	Monday, March 7, 2022
Equipment	<input type="checkbox"/> Comfortable indoor gym shoes <input type="checkbox"/> Payment of \$7.00 (excluding students in Gr. 3 & 4)		

### ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT

I/We acknowledge that my child will participate in the fieldtrips/activities as outlined. These activities involve certain risks, dangers and hazards to the participants. These risks 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.

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Student Name	Homeroom	Class/Teacher
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Printed Name of Parent/Guardian	Signature of Parent/Guardian	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**