

Chinook Winds Adventist Academy Elementary Swimming Program



As part of our physical education program the elementary students are taking swimming lessons at the Shouldice Swimming Pool located at 5303 Bowness Road N.W. Our students will be transported to the pool by Southland bus in three groups. Our schedule will be as follows:

Dates of Lessons: Tuesday, February 27
 Thursday, March 1
 Tuesday, March 6
 Thursday, March 8
 Tuesday, March 13
 Thursday, March 15

Group 1 (K-2):

Leave CWAA by bus	12:20 pm
Arrive at Shouldice	12:40 pm
<i>Lesson Time</i>	<i>1:00-1:40 PM</i>
Leave Shouldice	2:00 PM
Arrive at CWAA	2:20 pm

Group 2 (3-6):

Leave CWAA by bus	1:00 pm
Arrive at Shouldice	1:20 pm
<i>Lesson Time</i>	<i>1:40-2:20 PM</i>
Leave Shouldice	2:40 PM
Arrive at CWAA	3:00 pm

NOTES:

- Students should bring a hat or have a hood on their jackets for use after swimming, as there will be no time for students to dry their hair after the lesson.
- Swimming apparel for girls: One-piece swimsuit or a two-piece swimsuit with a t-shirt over top. (The t-shirt should be white as recommended by Shouldice Pool to prevent dyes in the water and should not be too big as to hinder movement in the water.)
- Students are asked not to bring money for the vending machines.
- **Volunteers are needed!** If you have your police check letter on file with Chinook Winds Academy we would like to ask for your help in assisting students in the dressing rooms. If you're able to help please let your child's homeroom teacher know which dates you will be available.

*Kindly complete the attached Permission Form and return to the school by **February 16, 2018.***

OFF-CAMPUS EXCURSION CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK FORM

I. EXCURSION DETAILS: Elementary Swimming Program at Shouldice Swimming Pool

<i>Student Name:</i>		<i>Grade:</i>	
<i>Date:</i>	Tuesday, February 27 Thursday, March 1 Tuesday, March 6 Thursday, March 8 Tuesday, March 13 Thursday, March 15	<i>Departure & Return Time:</i>	K-Gr 2: 1:00-1:40 PM Gr 3-6: 1:40-2:20 PM
<i>Teacher-in-Charge:</i>	Mrs. Melashenko	<i>Student Cost:</i>	Cost is covered by Activity Fees
<i>Additional Supervisors:</i>	All CWAA Elementary Teachers & Support Staff		
<i>Method of Transportation:</i>	Southland Transportation		
<i>Purpose of trip:</i>	Participation in swimming as part of our physical education program		
<i>Potential Known Hazards:</i>	Hazards associated with transportation and swimming		
<i>Form returned by:</i>	Friday, February 16, 2018		
<i>School Responsibilities:</i>	<p><i>The school will make every reasonable effort to ensure or ascertain that:</i></p> <ul style="list-style-type: none"> • <i>The staff, volunteers and/or service providers involved are suitably trained and qualified.</i> • <i>The students are adequately supervised over all aspects of the program/activity.</i> • <i>The location(s) used are appropriate and safe for the activity(ies) and group.</i> • <i>Equipment used has been inspected and deemed appropriate and safe.</i> 		

II. CONSENT & ACKNOWLEDGEMENT OF RISK (to be filled out by parent)

<p>In signing this form:</p> <ol style="list-style-type: none"> 1. I accept this mode of transportation for this activity: Yes <input type="checkbox"/> No <input type="checkbox"/> OR I permit my child to use alternate means of transportation. Specify means: _____ 2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school. 3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation. 4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity. 5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements. 6. I acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity. 7. I consent that the school, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services. I have informed the school of my child's medical status. 8. Based on my understanding, acknowledgement, and consents as described herein, I agree that _____ (Name of Student) has my permission to participate in this program/activity. 		
<p>_____ Parent/Guardian Name</p>	<p>_____ Parent/Guardian Signature</p>	<p>_____ Date</p>
<p>I CAN VOLUNTEER TO HELP AT THE SWIMMING POOL: Yes <input type="checkbox"/> (Police Clearance on File) No <input type="checkbox"/></p>		
<p>DATES I CAN VOLUNTEER: <input type="checkbox"/> Feb 27 <input type="checkbox"/> Mar 1 <input type="checkbox"/> Mar 6 <input type="checkbox"/> Mar 8 <input type="checkbox"/> Mar 13 <input type="checkbox"/> Mar 15</p>		