



Dear Parents/Guardians,

Training for the LBPSB Cross Country Run has begun during Phys. Ed. classes. We encourage all Grade 4-5-6 students to participate in this amazing event.

- WHEN:** Wednesday, October 18, 2017 (rain days: Oct 19 or 20)
WHERE: Morgan Arboretum
COST: \$10 cheque payable to Sherbrooke Academy Sr. (include your child's name on the cheque)
DEADLINE: Tuesday, October 3rd **(To homeroom teacher)**

NOTE: Should your child require any medication (ie: Epi-pen, Ventolin, etc.), it must be carried on them at all times.

We will need volunteers to help supervise the students & assist at our assigned spotting stations. If you are interested in volunteering, please return the coupon below with your cheque & permission form. *Judicial Records Form* required. All other spectators will be charged a \$1.00 entrance fee at the gate.

CHECK LIST
<input type="checkbox"/> \$10 Cheque
<input type="checkbox"/> Signed Permission Form
<input type="checkbox"/> Lunch, snacks & water bottle
<input type="checkbox"/> Dress in layers, boots in case of mud, running shoes to run in & extra socks
<input type="checkbox"/> If you are signed up for Chartwells lunch, please make appropriate arrangements should we need to reschedule to the October 19th rain date.

Many thanks!
Mrs. Homsy

Tear off

VOLUNTEERS NEEDED!

- I am available to volunteer for the Cross Country Run on Wednesday, Oct 18th



Name: _____ Email: _____

Phone # _____

Child's Name: _____ Homeroom Teacher: _____

ADDENDUM E

Permission and Release Form

SCHOOL:

SHERBROOKE ACADEMY SR.

EDUCATIONAL OBJECTIVE:

HEALTHY ACTIVE LIVING

THEME OF EVENT:

CROSS COUNTRY RUN

DESTINATION:

MORGAN ARBORETUM

DATE: WED. OCT. 18, 2017 (RAW DATES: OCT 19th OR 20th)

FROM: 9:00 AM

TO: 2:00 PM

METHOD OF TRANSPORTATION:

BUS

SUPERVISION:

~16

ADULTS

~120

STUDENTS

1:8

ADULT/STUDENT RATIO

COST:

\$10-

COST PER STUDENT

PERSON(S) IN CHARGE:
AND
OTHER ADULTS:

L. Homsy, HOMEROOM TEACHERS
PARENT VOLUNTEERS

PERMISSION & RELEASE

NAME OF STUDENT: _____ GRADE LEVEL: _____

1. The undersigned declares that the above named student is a minor in their legal charge.
2. The undersigned acknowledges full awareness of the risks involved in this trip, and accepts the arrangements for supervision as noted above; consequently, the undersigned hereby grants permission for the above named student to participate in this activity.
3. A signed Emergency Medical Treatment Form is on file. Please submit a revised form to reflect any changes.
4. If necessary, the undersigned authorizes the student to be carpooled.

NAME OF ADULT STUDENT, PARENT, TUTOR OR LEGAL GUARDIAN (PLEASE PRINT): _____

Signature and Relationship

Date

This form must be completed for all types of trips or activities off school premises