



IMMACULATE CONCEPTION SCHOOL

PERMISSION FOR SPECIAL ACTIVITIES

DESCRIPTION OF ACTIVITY:

Skating with Grades 2/5 buddies at the Rolling Mix Concrete Arena (Coliseum)

DATE: Tuesday, March 12, 2019

DEPARTURE TIME: 9:15 AM

APPROX. ARRIVAL TIME BACK AT SCHOOL: 11:00 AM

METHOD OF TRANSPORTATION: Diversified (Bus)

COST: (if any) \$4.00

TEACHER'S SIGNATURE: Bea Braun D O'Ballage

ADMINISTRATION APPROVAL: K Barth

PLEASE RETAIN THIS SECTION AS YOUR INFORMATION ON THIS ACTIVITY.

PLEASE SIGN AND RETURN THIS PORTION TO THE SCHOOL BY FRIDAY MARCH 8TH.

NOTE: Please sign this form and return to the school as soon as possible if you would like your child to participate. If we haven't received written permission from the parents/guardians, the child **will not** be allowed to go. Please note all students will be required to wear helmets while skating.

I give permission for my child, _____, in Grade 2/5 at Immaculate Conception School to participate in the skating trip to Rolling Mix Concrete Arena on Tuesday, March 12, 2019.

- Yes, my child will need to rent skates sz ____ and/or helmet ____ from the arena.
- Yes, I can help with supervision on this activity and have a current Criminal Record Check on file.
- I have signed the attached waiver form.

Signature of Parent/Guardian _____ Date Signed _____