

# Cross country run 2017-18 - St John Fisher Sr

September, 2017

Dear Parent/Guardian,

Your child has expressed interest in attending the Lester B. Pearson School Board Elementary School Cross-country run. The run will take place at Morgan Arboretum either on October 17 or October 18. (TBD)

We will leave St. John Fisher at approximately 9:00 am and will return by 2:00pm. The cost of this event is \$15.00, including bus rental. **Please make your cheque payable to St. John Fisher Sr., dated no later than October 5 2016.**

All participants should be dressed in a T-Shirt, shorts, and running shoes. **Sweatshirts, sweatpants and other outerwear should be worn over running wear.** Please listen to the weather reports and have your child dress accordingly as this is an outdoor event.

Please sign the attached permission slip and medical form and have your child return it to us with payment by **Monday, September 25<sup>th</sup>**. Please note that the rain dates for this event are October 19<sup>th</sup> and 20<sup>th</sup>. In case of postponement, an announcement will be posted on the LBPSB main webpage.

Our students have been showing lots of effort during training runs in Physical Education classes and we are looking forward to a fun day!

Many Thanks,

Cindy Mikromastoris and Graham Cairns  
Physical Education Specialists

# SEE REVERSE SIDE

## Cross country run 2017-18 - St John Fisher Sr

### Lunchtime practices - 11:20-11:45

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Sept 25 Grade 6	Sept 26 Grade 4	Sept 27 Grade 5	Sept 28 All grades	Sept 29 Rest	Sept 30 At Home
Oct 1 Rest	Oct 2 Grade 6	Oct 3 Grade 4	Oct 4 Grade 5	Oct 5 All grades	Oct 6 Rest	Oct 7 At Home
Oct 8 Rest	Oct 9 Grade 6	Oct 10 Grade 4	Oct 11 Grade 5	Oct 12 All grades	Oct 13 Rest	Oct 14 At home
Oct 15 Rest	Oct 16 All grades	Race Oct 17 or Oct 18 (TBD) (rain dates Oct 19 or 20)				

**\*\*\*In case of rain, practices will be cancelled\*\*\***



## Volunteers Needed - Cross country run 2017-18

If you are available to accompany us as a parent volunteer for this event, please fill in the volunteer section below and return with your child's registration. We need many volunteers since we have a few stations to supervise on the course.

Name \_\_\_\_\_ e-mail \_\_\_\_\_

Child's name \_\_\_\_\_ Homeroom #  
\_\_\_\_\_

I am available to volunteer on:

October 17 or 18 (date to be confirmed soon) \_\_\_\_\_

October 19<sup>th</sup> \_\_\_\_\_ (rain date)

October 20<sup>th</sup> \_\_\_\_\_ (rain date)



**APPENDIX D**  
**Lester B. Pearson School Board**  
**PARENTAL PERMISSION & RELEASE FORM**  
**EXTRA-CURRICULAR ACTIVITIES AND FIELD TRIPS**

LEVEL:  
 Grades 4, 5,6

SCHOOL:  
**St. John Fisher Sr. Elementary**

EDUCATIONAL OBJECTIVE:  
**Personal Development through PE – an activity that helps students develop a sense of self-responsibility for their fitness and encourages healthy lifestyle habits (Competency 3).**

THEME OF EVENT:  
**Cross Country Run**

DESTINATION:  
**Morgan Arboretum**

DATE: **October 17 or 18 (TBC)**  
 (rain dates: Oct 19 or 20)

FROM: **9 am** TO: **2 pm**

METHOD OF TRANSPORTATION:  
**School Bus**

SUPERVISION:

<b>20</b>	<b>200</b>	<b>1/10</b>	<b>\$15.00</b>
ADULTS	STUDENTS	ADULT/STUDENT RATIO	COST PER STUDENT

PERSON(S) IN CHARGE: AND OTHER ADULTS:	Cindy Mikromastoris
	Graham Cairns
	Teachers and Parents

**PARENTAL PERMISSION & RELEASE**

NAME OF STUDENT: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

1. The Undersigned declare that the above named student is a minor in their legal charge.
2. The Undersigned acknowledge full awareness of the risks involved in this trip, and accept the arrangements for supervision as noted above; consequently, the Undersigned hereby grant 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.**

NAME OF PARENT, TUTOR OR LEGAL GUARDIAN (PLEASE PRINT): \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE DATE

***This form must be complete for all types of trips or activities off school premises***  
***Please fill in Emergency Medical Treatment Form (See Reverse)***

## ADDENDUM D

### Emergency Medical Treatment Form

SCHOOL:	
STUDENT'S NAME:	GRADE LEVEL:
STUDENT'S QUÉBEC HEALTH INSURANCE NO. :	EXPIRY DATE:
MEDICAL ALERTS, ALLERGIES, ETC. (SPECIFY TYPE):	
IF MEDICATION HAS BEEN PRESCRIBED, PLEASE SPECIFY TYPE:	
<ul style="list-style-type: none"> <li>• <i>If the student is using prescribed medication for asthma and/or allergies, he/she must carry this medication on his/her person at all times. Failure to do so will result in the student being disallowed from participating in this event.</i></li> <li>• <i>You are responsible for submitting a revised form if there any changes in the medical information you are providing.</i></li> </ul>	
NAME OF FAMILY PHYSICIAN (IF AVAILABLE):	
<h3>EMERGENCY MEDICAL TREATMENT</h3> <p>The undersigned hereby agrees that, in the event that I or my spouse or parent/tutor/guardian cannot be contacted within a reasonable period of time, the person in charge be appointed to authorize the admission to hospital, if deemed necessary by a medical doctor, and emergency medical treatment recommended by a medical doctor be given to the above named student while participating in this activity, trip and related events.</p>	
NAME OF ADULT STUDENT, PARENT, TUTOR OR LEGAL GUARDIAN(S) (PLEASE PRINT): _____	
HOME ADDRESS: _____	
HOME TELEPHONE #: _____	ALTERNATE TELEPHONE #: _____ Neighbour or Relative
BUSINESS TELEPHONE #: _____	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Father _____</div> <div style="text-align: center;">Mother _____</div> </div>
CELL #: _____	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Father _____</div> <div style="text-align: center;">Mother _____</div> </div>
GUARDIAN: Home # _____	Cell #: _____
<div style="border-top: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Signature and Relationship</p>	<div style="border-top: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Date</p>

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