

Fultonvale Elementary Junior High School

52029 Range Road 224

Sherwood Park, Alberta

T8C 1B5

Friday, December 22, 2017

Dear Parents/Guardians of a student in **class 4M or 5B**

As in previous years, we have been given the opportunity to use the Strathcona Olympiette Centre (SOC) for recreational skating. Classes will go to the arena according to the schedule below. We are in need of parent volunteers to be on the ice (helmets must be worn) who are prepared to assist students with skating or who may wish to organize activities for the students.

4M/5B Skating Schedule

Tuesday, January 16 – 10:13am – 10:53am

Tuesday, January 23 – 9:00am – 9:40am

Tuesday, January 30 – 9:00am – 9:40am

Tuesday, February 6 – 9:00am – 9:40am

Tuesday, February 13 – 10:13am – 10:53

Tuesday, February 20 – 9:00am – 9:40am

Our wrap-up “Skating Party” will occur on February 20 after skating upon returning to the school in the Gathering Space. Students will enjoy cookies and hot chocolate during this final skating session of the school year.

Activity Guidelines & Information

Besides proper fitting skates, it is essential for students to wear **CSA approved helmets**. Snowboarding and skateboarding helmets may be used at the parent’s discretion. Bicycle helmets **are not recommended** as they are designed for a single impact and can be cut easily with a skate blade. **Students without skates or helmets will NOT be permitted on the ice** and will be supervised in the school during our skating time. If up to five students in each class do not bring their required equipment on any skating day, recreational skating will be cancelled for that day.

According to EIPS policy, students must carry his/her skates in a regular school knapsack, skate bag or sport bag. Plastic bags are not acceptable. Skates can be safely carried in the knapsack if they have skate guards or are wrapped in an old towel. The towel may also be used after skating to wipe the blades dry. Helmets may be hung on the outside of the knapsack at the bottom of one of the shoulder straps.

For our less experienced students, we greatly appreciate your help in tying skates at each start time. Please meet us in the lobby of the arena and bring your own skates if you wish to be on the ice with students. **It is not safe for anyone to be on the ice without skates or a helmet (including parents).** Younger siblings will be allowed to practice skating as well, but only under the direct supervision of a parent. Strollers or shoes are not allowed on the ice surface.

Despite all efforts, injuries may still occur while crossing the parking lot to and from the arena or while skating on the ice. Possible common injuries include bruises, bumps, minor cuts, scrapes, or joint sprains. Possible serious injuries include deep cuts, broken bones or concussions. Every precaution will be taken to minimize any risk of injury. Students will be expected to follow the expectations of the teachers and other supervisors. The class walks to the arena as a group under the supervision of school staff. Due to the various ability levels within the class, hockey will **not** be permitted during this time.

If your child has any allergies or medical conditions which would prohibit him/her from participating in skating or which require special consideration, please contact the office in writing when returning the attached permission form.

Elk Island Public School Division does not carry accident insurance for students. Personal coverage is encouraged.

If you agree to have your son/daughter participate in our recreational skating program, please complete the attached permission form and return it to their homeroom teacher by **Monday, January 15, 2018**. Students without a signed permission form will not be allowed to participate in the program and will be supervised in the school during the skating time.

Sincerely,

Fultonvale Elementary Teachers

Fultonvale Elementary Junior High School Recreational

4M/5B Skating Permission Form 2017-18

Please return on/before Monday, January 15, 2018

Student Name: _____ Class: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Medical Conditions: _____

I have read the information, **understand the possible risks and do give permission for**

_____ to participate in recreational skating classes at the Strathcona Olympiette Centre (SOC) as per my child's schedule:

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I DO NOT give permission for _____ to participate in the scheduled skating classes at the SOC. I understand my child will be supervised at the school during the skating times.

*** I am willing to volunteer during _____ (dates).

Our class will need parent/grandparent volunteers to help organize activities on the ice.
(Volunteers who would like to join us on the ice must wear skates and a helmet.)

Parent/Guardian Name: _____

Home Telephone Number: _____ Signature: _____