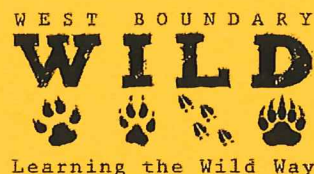

Monday Night Basketball



West Boundary Elementary is planning the following activity/activities. Your written permission is required by the school if your child is to attend.

| | |
|--|--|
| Description of the Activity: | Basketball for Grades 4 and Up |
| Special Requirements/Equipment: | Water, Extra food, Gym shoes |
| Location of Activity: | Gym at West Boundary Elementary |
| Town: | Rock Creek |
| Mode of Transportation: | Parent Pick Up/Late Bus to Beaverdell |
| Chaperones: | Nick Bond |
| Start Time: | Mondays 3:31 |
| End Time: | 5:45pm (6:00pm Late bus to Beaverdell) |

If you have any questions at all regarding this activity, please contact the undersigned at 250-446-2724. Accidents can be the results of the nature of activity and can occur without with-out any fault on either the part of the student, or the school board or its employees or agents, of the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of any accident occurring and agree all these activities, as described above, are suitable for your child.


Field Trip Leader


Administrator

I give _____ (name of student) permission to participate in the activity on Mondays after school January 12th – Monday February 9th (5 weeks only!!!)

| | |
|---------------------------------|---------|
| Signature of Parent/Guardian | Date |
| Printed Name of Parent/Guardian | Address |