

Department of Physical Education



Student Name: _____

Activity	Date(s)	Location
Hockey/ Broomball	Feb. 2,6,7,8,9,13,14,15,16,27,29 Mar. 1,5,6,7,8,12,13,14,15,20,21,22,26,27,28 Apr. 16,17,18,19,23,24,25,26,30 May. 1,2,3,7,8,9,10,14,15,16,17,23,24,28,29,30,31 Jun. 4,5,7,11,12,13	Civic Rink/Nicholas Sheran & other community rinks.
Bowling	Feb. 6,7 & Apr. 25,26	Holiday Bowl
Swimming/ Scuba Diving/ Rec Swim	Feb. 15,16/ Apr. 23,24/ May 2,3,14,15,16,17	U of L (Max Bell Pool) Nicholas Sheran Pool
Kick Boxing	Mar 16,23 & May 7,8	PFA
Hip Hop Dance	Apr. 16,17	Urban Beat Dance Studio
Curling	Mar. 5,6,7,8	Lethbridge Curling Club
Rock Climbing	Mar. 12,13	U of L (Ascent Climbing)
Golf	May 25,30,31 June 4,7	Evergreen Golf Centre
Outdoor Rec Games	June 8	Nicholas Sheran/Henderson
Be Fit For Life	Feb 27,28	Lethbridge College

PLEASE NOTE:

- Sign below to indicate that your son/daughter can attend the above activities.
- Due to inclement weather, and/or sites becoming available, alternative activities may be substituted for the above noted activity. Students may be between campuses when such events arise.

PARENTAL PERMISSION:

- I give _____ my permission to attend the above activities. I understand that transportation will be by school buses and I consent to this. I understand and agree that my child must wear a seatbelt when traveling in a vehicle. I also give permission for my child to attend activities within walking distance of the school that are not listed above.

Signature of Parent/Guardian

Date

