



Munroe Junior High School

405 Munroe Ave. | Winnipeg, MB R2K 1H5 | Tel: 204.661.4451 | Fax: 204.667.6211

Principal: Mrs. C. Nazeravich

Vice-principal: Mr. D. Pokrant

Email: mun@retsd.mb.ca | Web: www.mun.retsd.mb.ca

September 26, 2019

Hello Grade 6 Families,

This school year, your child will participate in a course titled Lifelong Pursuits.

This course will offer your child an opportunity to exercise physically and mentally through numerous activities that will teach:

- Our guiding principals for Respect, Responsibility and Safety.
- Leadership, teamwork, mutual respect, communication skills, and creativity.
- Public service, social engagement and global citizenship.

The course will provide multiple outings that will focus on the course goals mentioned above. Some of the outings are:

1. Roxy Lanes and/or Heartland Archery.
2. A visit to Kildonan Personal Care Home to read and interact with seniors.
3. Visits to local humanitarian agencies supports (Winnipeg Harvest and Agape Table).

Each activity will be supervised by myself and professionally trained staff at each facility.

Through the course's physical activities, students will engage in personal and social management, fitness management, and movement. Mentally, students will have the opportunity to learn and grow in areas of empathy, compassion and respect towards the elderly when visiting the Kildonan Personal Care Home. Winnipeg Harvest is a non-profit organization that feeds nearly 62,000 citizens per month. In order to help get food to hungry people they rely on volunteers. Your child will help develop team work skills as they help organize hampers and tour the facility. Agape Table is a further charitable, non-profit organization to help feed our communities most vulnerable people. Your child will engage in all aspects of learning the above goals as they tour the facility: learning about it's mandate, dishwashing, assisting servers, and welcoming guests.

For safety at all activities, closed toe shoes are mandatory for volunteering in any position; runners are best. Aprons, hairnets, and gloves will be worn when working with food and will be provided.

For the majority of course outings, students will be transported by teacher vehicles, public transit, or by foot to reduce costs.

Archery and Bowling have small fees attached to them. I ask that you please fill out the attached forms and return them along with the course fee as soon as possible.

In total, the **course fee is \$10.00**. Students are asked to hand their fees and permission form to Mr. Carvelli **by October 3rd**.

If you have concerns or questions, please contact me at the school.

Thank you,

Luigi Carvelli
lcarvelli@retsd.mb.ca
204-661-4451

Board Responsibilities:

The board will make every reasonable effort through the application of its policies and procedures, to provide for thorough preparation and planning and implementation of out of school activities undertaken by its employees, agents and officers.

Informed Consent:

Activity Title: Lifelong Pursuits Activities

Dates of activities: October 2019 – June 2020

Name of Student (please print): _____ TATU: _____

I / We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in sports, recreational activities and other off-school site programs. These types of injuries may be minor or serious.

I / We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents, and officers, [to] secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

I / We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants

I / We acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.

I / We acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.

I / We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK which is part of those activities.

I / We understand and agree that this is a part of the school program. I/We also understand that as a result of participating in this program that the participant is expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration.

I / We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate being aware of all the foregoing.

Parent/Guardian Signature

Date



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In order for your child to participate in any course event, this signed consent form must be received at the school before the event.

PARTICIPANT INFORMATION CARD

Name: _____

Birth date: _____

Day Month Year

Person to be contacted in case of emergency

Phone #: _____

Alternative contact: _____

Phone #: _____

Family Doctor: _____

Phone #: _____

MHSC#: _____

Medications: _____

Relevant medical history/ Allergies: _____

Previous Injuries: _____

Does the participant carry and know how to administer his/her own medication?

Yes _____ No _____

Other conditions (braces, contact lenses, etc.): _____