

# ST. JUDE SCHOOL

2953 East 15th Ave, Vancouver, BC | V5M 2K7

·Phone: 604-434-1633 ·Email: [office@stjude.ca](mailto:office@stjude.ca) ·Website: [www.stjude.ca](http://www.stjude.ca)

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October 1, 2020

Dear Parents/Guardians,

We are pleased to inform you that we are hosting our own St. Jude School Mini Cross-Country Meet on Friday October 9, 2020. To ensure that we are following all the protocols and health guidelines established by the Ministry of Education and the BCCDC we will be running the meet according to the following set of rules:

1. The mini meet will be held during the school day and no parents can attend due to the limits on gatherings.
2. The students will run in their cohort grouping.
3. The students will remain in their cohort grouping the entire time and will have physical distancing with students from a different cohort.
4. Students who do not attend school in person that day are not permitted to participate.
5. Students who have Covid19 symptoms are not permitted to participate.

## EVENT DETAILS

**Date:** October 9 starting at 1:00pm and returning to the school by 2:30pm

**Location:** Beaconsfield Playground and Park

**Grades:** Open to any student Gr. 2 to 7 who returns a signed permission slip no later than October 6, 2020

**Races:** 1.2 km for Gr. 2 and 3 students. 2.4 km for Gr. 4-7 students. We will race boys and girls from the same cohort together (e.g. Gr. 2 and 3 boys and girls will race together). Ribbons will be awarded to the top 4 finishers for each gender per grade.

**Attire:** Students must be in their PE strip to participate - they can choose to wear Patriot Spirit Wear over their PE strip.

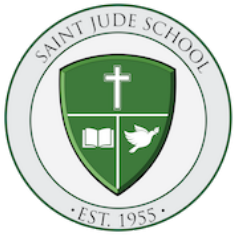
**Water:** Students are responsible for bringing, carrying, and remembering their own water bottles - water bottles must be labelled with the child's name and grade.

## SUPERVISION OF STUDENTS

Participating students will assemble in the parking lot playground area at 1:00pm. We will have 6 supervising staff who will walk with the cohorts over to Beaconsfield Park and Playground. We will walk up East 15, cross at a crosswalk on Renfrew, and then proceed straight to the park. Staff will supervise the students at the various checkpoints. After the three races, students will be escorted back to the school in their cohorts and they will return to their classroom. Staff will bring First Aid backpacks and will carry cell phones for emergencies.

Sincerely Yours,

Chris van der Pauw  
Principal St. Jude School



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## PERMISSION FORM - RETURN TO SCHOOL BY OCTOBER 6, 2020

### STATEMENT OF KNOWN RISKS

Potential known risks include the following:

- Injuries related to vehicle crashes en route to and from activity area (e.g. car does not obey crosswalk);
- Injuries related to slips, trips and falls;
- Foot injuries (e.g., blisters, sprains) or leg/knee injuries;
- Injuries related to collisions with movable (e.g., other runners) or immovable (e.g., fence) objects;
- Psychological injury due to anxiety or embarrassment;
- Allergic reactions to natural substances in the outdoor environment (e.g., bee or wasp stings);
- Other risks normally associated with participation in the activity and environment.

### CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: St. Jude Cross Country Mini-Meet / Beaconsfield Park

Date: October 9, 2020

1. I accept the mode of transportation for this activity.
2. I 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.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
5. I acknowledge that it is my duty to advise the **Lead Teacher (Mr. Campanile)** of any medical/health concerns of my child that may affect his/her participation.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) \_\_\_\_\_

(Date of Birth) \_\_\_\_\_ Grade: \_\_\_\_\_

My child has my permission to participate.

Date: \_\_\_\_\_

Parent Name (*Please print*): \_\_\_\_\_ Signature: \_\_\_\_\_