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September 5, 2023

Wainwright Elementary School 905 – 10 St., Wainwright, AB T9W2R6

> T: 780.842.3361 F: 780.842.6499

Re: Grades 4-6 Volleyball program on Tuesdays at 3:30 p.m. starting September 12th

Dear Parents/Guardians,

This is an information letter regarding our <u>Volleyball</u> after school program. This program we hope will be a huge success and bring out a large number of students. Our students and instructors will be challenged to enhance our skills in the game of volleyball. Once these skills are developed they become lifelong skills that can be played for the rest of their lives. Our program will run on **Tuesdays from 3:30-5:00 p.m.** Please pick up your child at 5:00 p.m. in the staff parking lot located beside the gymnasium.

The program will run for the following dates: September 12, 19, 26 October 3, 10, 17

We will have two regulation sized volleyball courts which will allow for more playing space and more touches of the volleyball. This will enhance our program and allow for students to really focus on their skill development.

We are encouraging <u>all of our students from Grades 4-6</u> to sign up and have some fun. The number one goal is to introduce volleyball to our students in a non-threatening environment. Students will learn skills and work cooperatively with each other to build capacity regarding a variety of games. **FUN** will be stressed throughout this venture. Students will be expected to come prepared to work and participate at their highest level keying in on fair play and positive attitudes.

WHEN: Tuesdays after school from 3:30 to 5:00 p.m. (September-October)

WHERE: WES gymnasium

WHO: all students in grades 4-6

INSTRUCTORS/**SUPERVISORS**: Mrs. Wakefield, Mrs. Ledger, Mrs. Leggett and Mr. Mitchell

COST: FREE

WHAT IS NEEDED: An open mind, active listening skills and the ability to have fun? If possible, please send a T-shirt/sweatshirt, shorts or sweats and an inside pair of shoes appropriate for running with your child.

If you have any questions, comments or concerns regarding our volleyball initiative please contact the school at 842-3361.

Yours in athletics,

Dale Mitchell Physical Education instructor

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PERMISSION FORM: please keep first page and return this page to office or Mr. Mitchell

STUDENT NAME:

CLASS: _____

ACTIVITY: Volleyball

I, _____, give permission for my child ______ to take part in the after school VOLLEYBALL program for six weeks on Tuesdays. I understand that I am responsible to let the supervisors know if my child is to leave early from the prescribed time of 3:30-5:00 p.m.

I understand that the expectation level of my child is to show S.T.A.R. (Stop, Think, and Act Right) qualities during this program.

The ultimate goals of the program are cooperation, active participation and lifelong love of fun games to be played by the entire family.

Please honor our supervisors' time and arrange for student pickup at 5:00.

Any medical conditions we should be aware of:

Date :			
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(parent)

Contact name and number : name :

Number:_____