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

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October 26, 2023

**Re: Grades 4-6 Co-Ed Floor Hockey **Tuesdays** after school from 3:30-5:00 p.m.  
starting November 14**

Dear Parents/Guardians,

This is an information letter regarding our after school co-ed floor hockey program. It will take place on Tuesdays from 3:30-5:00 p.m. The program will run for five weeks the following dates: **November 14, 21, 28 Dec 5,12.** The number one goal is to expose students to the wonderful lifelong activity of floor hockey in a non-threatening environment. Students will learn skills and work cooperatively with each other to build capacity regarding the game of floor hockey. Skills and drills will focus on shooting, passing, teamwork and fair play. **FUN** will be stressed throughout this venture. Students will be expected to come prepared to work and participate at their highest level. Your child can simply stay after school and then be picked up at the side gymnasium door at **5:00 p.m.** Please try to pick up your child on time as the weather can get rough this time of year.

**WHEN: Tuesdays** after school from 3:30 to 5:00 p.m.

**WHERE:** WES gymnasium

**WHO:** all students in grades 4-6 who are interested

**INSTRUCTORS/SUPERVISORS:** Mr. Saretsky, Mrs. Leggett, Miss Beier and Mr. Mitchell

**COST: FREE**

**WHAT IS NEEDED:** An open mind, active listening skills and the ability to have fun? If possible could you send a T-shirt, shorts and an inside pair of shoes appropriate for running with your child on Mondays?

Please complete the second page permission slip and return to the school. Keep this page for your own information.

If you have any questions, comments or concerns regarding our floor hockey initiative please contact the school at 842-3361 and talk to Mr. Mitchell.

Yours in athletics,

Dale Mitchell  
Physical Education instructor

**DATE REMINDER: November 14, 21, 28 and December 5,12**

AFTER SCHOOL GRADES 4-6 CO-ED  
FLOOR HOCKEY PROGRAM

PERMISSION FORM

Name: \_\_\_\_\_

Class: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to take part in the after school floor hockey program. 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.

I understand that the expectation level of my child is to show **S.T.A.R.** qualities during this program. He/She is expected to model appropriate character traits that would make him/her a great teammate and a true team player.

**We ask that parents pick up their child at 5:00 p.m. from the north end of the school by the gymnasium entrance.**

Any medical conditions we should be aware of: \_\_\_\_\_

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

Signed : \_\_\_\_\_  
(parent)

Contact number(s): \_\_\_\_\_