



Dear Parents,

The 34th annual Wattsburg Area Middle School Sports Day is scheduled for Thursday, February 14, 2019. The event is designed to provide an opportunity for students and staff to develop and maintain active lifestyles through participation in lifetime sports. Students may choose from the activities listed below. **Sign-ups will take place January 30th – February 5th only. No sign-ups will be accepted after Tuesday, February 5th.**

- | | | |
|--------------------|----------------------------------|--|
| 1. Bowling | North East Lanes | \$12 for 3 games |
| 2. Swimming | Peek'n Peak Pool | \$10 |
| 3. Roller Skating | Presque Isle Skating Center | \$12
\$14 if you want inline instead of roller skates |
| 4. Tubing | Peek'n Peak | \$20 for 3 hours |
| 5. Ice Skating | Northwest Arena
Jamestown, NY | \$10 |
| 6. Downhill Skiing | Peek'n Peak | See prices on following pages |
| 7. Snowboarding | Peek'n Peak | See prices on following pages |

SPECIAL NOTES FOR SKIING AND SNOWBOARDING

** Equipment may be dropped off and picked up at the office. Equipment is not to be brought on regular bus run.

**All lift tickets for snowboarding and skiing are good from opening to closing on that day.

**If you have all your own equipment and lift pass there is a \$5.00 bus fee.

****All first-time skiers and snowboarders MUST sign up for the Beginner Package or Intermediate Package, so they receive a lesson before going on the slopes.**

Please discuss these activities and their costs with your child and decide on one activity for the day. Then complete the attached **sign-up form AND permission form** and return it along with the **related fee** to the room designated for that activity. Sign-ups will take place from Wednesday, January 30th to Tuesday, February 5th. **No sign-ups after February 5th.** Some activities have a limited number of openings and these will be filled on a first come first served basis.

On Sports Day, students may purchase their lunch at the location of their activity or carry a lunch. Swimmers will stop at The Lodge at Peek'n Peak for lunch after leaving the pool.

If you have any questions, please call us at 824-3400 ext. 3114.

Mr. Paris, Principal

Sheri Hoffman, Sports Day Coordinator

Student Sports Day Sign Up Form

Student Name

Homeroom

has my permission to participate in the following activity.

Make checks payable to: **Wattsburg Area Middle School**

Activity

Sign-up Location

Parent Signature

Swimming
\$10

5/6 Gathering Area
Mrs. Anderson

Tubing
\$20

5/6 Gathering Area
Ms. Carson

7/8 Gathering Area
Mr. Frank

Ice Skating
\$10

5/6 Gathering Area
Mrs. Ward

Roller Skating

7/8 Gathering Area
Mr. Ward

\$12 roller skates **OR**
\$14 inline skates instead of roller skates

Bowling
\$12.00

Room B115
Mr. Gunther

Please see Skiing and Snowboarding sign-ups on the back of this page.

All students planning to stay at the Peek after the bus leaves at 1:30 pm **MUST** have the **ALL DAY PERMISSION SLIP** signed and turned in at the time they sign up for skiing/snowboarding. Phone calls to home the day of the event will not be accepted as permission to stay.

Make checks payable to: **Wattsburg Area Middle School**

All first-time skiers and snowboarders are required to sign up for the Beginner or Intermediate Package so that they receive a lesson before skiing or snowboarding.

Snowboarding **B122 Ms. Brunner** _____

Parent Signature

_____ \$50 Beginner Package - board rental, group lesson and beginner area only lift ticket

_____ \$75 Intermediate Package - board rental, group lesson and all area lift ticket

_____ \$35 Adult Lift Ticket

_____ \$30 Child Lift Ticket

_____ \$60 Board Rental and Lift Ticket - Adult

_____ \$50 Board Rental and Lift Ticket - Child (11 and under)

_____ \$10 Helmet Rental

_____ \$5 Bus fee - if you have all other equipment and lift pass

- Personal Snowboards must have metal edges and be equipped with a safety strap.
- Equipment may be dropped off and picked up at the office, not brought on regular bus run.

Skiing

A102 Mrs. Burdick _____

Parent Signature

_____ \$50 Beginner Package - ski rental, group lesson and beginner area only lift ticket

_____ \$75 Intermediate package - ski rental, group lesson and all area lift ticket

_____ \$35 Adult Lift Ticket

_____ \$30 Child Lift Ticket

_____ \$60 Ski Rental and Lift Ticket - Adult

_____ \$50 Ski Rental and Lift Ticket - Child (11 and under)

_____ \$10 Helmet Rental

_____ \$5 Bus fee - if you have all other equipment and lift pass

-----ALL DAY PERMISSION SLIP-----

Must be turned in when you sign up if you plan to stay at the Peek.

_____ has my permission to stay at Peek'n Peak after the Sports Day bus leaves at 1:30 pm. I understand that I am responsible for my child once the bus leaves the Peek.

Parent Signature

WATTSBURG AREA SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

Teachers: Please complete the following information.

Teacher/Advisor in charge of Field Trip WAMS Sports Day 2019 - Various Teachers

Date of Field Trip 02/14/2019 Destination of Trip Sports Day - Various Locations

Departure Time from School Various Times Estimated Return Time to School Before Dismissal

Student Cost _____ Lunch Information at location of event OR carry a lunch

Parents: Please complete this form and return it to your child's homeroom teacher by Tues. Feb. 5.

Parents: Please indicate whether your child has any of the following health concerns:

Asthma No Yes

Inhaler Needed No Yes

Name of Medication _____

Life-Threatening Allergy to Insect Sting No Yes

Treatment _____

Life-Threatening Allergy to Food(s) No Yes

Food(s) _____

Treatment _____

Heart Defect No Yes

Seizure Disorder No Yes

Name of Medication _____

Diabetes No Yes

Name of Medication _____

Allergy to Drugs No Yes

Name(s) of Drug(s) _____

Reactions(s) _____

Other Health Concerns _____

Parents: Please list emergency contact information during the time that your child will attend the field trip.

Name _____ Phone _____ Cell Phone _____

Name _____ Phone _____ Cell Phone _____

If emergency treatment is required and parents/guardians cannot be notified, I give consent for emergency treatment and transport to the nearest emergency room.

I GIVE CONSENT FOR MY CHILD TO ATTEND THE FIELD TRIP.

If your child has a medical condition that may require treatment during the field trip, please check one of the following:

I am able to attend the field trip and administer any medical treatments that my child may require.

I am not able to attend the field trip.

I DO NOT GIVE CONSENT FOR MY CHILD TO ATTEND THE FIELD TRIP.

Student's Name _____ Grade _____ Homeroom Teacher _____

Parent's Signature _____ Date _____