



# SPRINGFIELD MIDDLE SCHOOL

860 Cedar Avenue Oak Bank, Manitoba R0E 1J0

**Bob Welsh**  
Principal  
**Heather Bethune**  
Assistant Principal

Telephone (204) 444-2995  
Fax (204) 444-2966

Thursday, October 19, 2023

Dear Parents/Guardians,

After several weeks of volleyball training with a high number of grade 8 boys in attendance, we will be taking the next step and placing all participants into one of two teams who will continue to train together, participate in exhibition matches, and compete at the Sunrise School Division South Tournament.

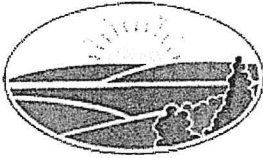
A TEAMS page has been created that your child has been added to. By Friday, October 20, 2023 at 3:30PM, both SMS Team Red players and SMS Team Black players will be posted to this TEAM. This TEAM is where all future communication regarding training sessions, team meetings, additions/cancelations to the schedule, and all relevant information for players will be posted. If your child is going to be absent from any training sessions/competitive matches, they are asked use TEAMS to communicate those absences with their coaches. With a short season ahead, we encourage all players to do their best to attend all sessions.

A permission form is attached to this letter. As we aim to streamline the permission process, this permission form is inclusive of all volleyball related events and outings. This form needs to be returned ASAP so that your child can continue their participation in the program. All players (if not already completed) are to have the SMS Student Athlete Contract completed as well, prior to continuing in the program. The Student Athlete Contract can be found and completed online on the Springfield Middle School webpage, under the Athletics tab (Athlete Expectations) or it can be accessed at the following link: <https://smsathleticsmb.weebly.com/athlete-contract.html>

Also attached to this letter is a schedule for the season (subject to change). We are aiming to train (both teams together) twice per week with some scheduled exhibition matches and other competition planned. For the exhibition matches that take place at school sites other than SMS, students will be leaving SMS early (approximately 2:45PM) and will be bussed to the site. Transportation home from all exhibition matches will be the responsibility of parents/guardians. Parents/guardians are welcome to and encouraged to attend any competition.

We are looking forward to a great season with all the players. It's great to see so many athletes interested in the game of volleyball. If you have any questions about the season, please do not hesitate to contact the coaching staff at the school.

Mr. MacLennan & Mr. Douglas  
Gr. 8 Boys Volleyball Coaches



SUNRISE  
SCHOOL DIVISION

IJOA-E2

DAY TRIP FIELD TRIP PARENT/LEGAL GUARDIAN  
CONSENT AND ACKNOWLEDGEMENT OF RISK FORM

DAY TRIP FIELD TRIP PARENT/LEGAL GUARDIAN CONSENT  
AND ACKNOWLEDGEMENT OF RISK FORM

Name of School: SMS

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ Homeroom: \_\_\_\_\_  
Please read the contents of this Consent and Acknowledgement of Risk Form. Clarify any questions or concerns with the teacher/ leader BEFORE signing it.  
If this form is not signed and returned to the school by 25 OCT, your child WILL NOT BE ALLOWED TO ATTEND.

**PROGRAM/ACTIVITY INFORMATION**

DESTINATION/ACTIVITY: VOLLEYBALL GAMES / VARIOUS SITES

DATE(S): \_\_\_\_\_ OR SERIES OF OFF-SITE ACTIVITIES (Specify program):  
VOLLEYBALL - SAC

PURPOSE OR EDUCATIONAL GOAL(S):  
EXTRA - CURRICULAR SPORTS

ITINERARY/ACTIVITIES:  
VOLLEYBALL GAMES

METHOD OF TRANSPORTATION: BUS BY: \_\_\_\_\_

TEACHER IN CHARGE: C. MACLENNAN

TOTAL # OF SUPERVISORS PLANNED: 2

SUPERVISORY ARRANGEMENTS:  
COACHES SUPERVISE ATHLETES

COST TO THE STUDENT: 0 WHAT TO BRING: VOLLEYBALL GEAR

OTHER CONSIDERATIONS:  
\_\_\_\_\_

**SUNRISE RESPONSIBILITIES**

- Sunrise School Division will make every reasonable effort to ensure that:
- The staff, volunteers and/or service providers involved are suitably trained and qualified.
  - The students are adequately supervised over all aspects of the program/activity.
  - The location(s) used are appropriate and safe for the activity (or activities) and group.
  - The equipment used has been inspected and deemed appropriate and safe.
  - A Safety Plan is in place to identify and manage known potential risks.
  - An Emergency Plan is in place to deal with an injury or illness to one of the students.



IJOA-E2

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**POTENTIAL KNOWN RISKS**

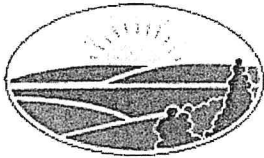
Potential known risks include the following:

VOLLEYBALL RELATED INJURIES  
INJURIES RELATED TO TRANSPORTATION

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

1. Mode of Transportation: BUS  
I accept this mode of transportation for this activity: Yes  No 
  - If no, specify alternative: \_\_\_\_\_
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 due to an unforeseeable event related to their participation.
4. My child has been informed that they are to abide by the rules and regulations, including directions and instructions from the school and/or service provider, administrators, instructors and supervisors over all phases of the program/activity.
5. In the event that my child fails to abide by these rules and regulations, arrangements could be made to have them sent home at my expense.
6. I acknowledge that it is my duty to advise the school of any medical/health concerns that may affect my child's participation.
7. I acknowledge that the division may choose to cancel the trip if travel conditions are dangerous or conditions are deemed unsafe (for whatever reason, e.g., weather, health advisory). I accept that the division will not be liable for any costs associated with such a cancellation.
8. I consent that the division, through its employees, agents and officers, may 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.
- ~~9. Based on my understanding, acknowledgement and consent as described herein, I agree that (Name of Student) \_\_\_\_\_ has my permission to participate in the \_\_\_\_\_ field trip/program.~~

Date: \_\_\_\_\_ Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_



**SUNRISE**  
SCHOOL DIVISION

IJOA-E2

**DAY TRIP FIELD TRIP PARENT/LEGAL GUARDIAN  
CONSENT AND ACKNOWLEDGEMENT OF RISK FORM**

**FIELD TRIP EMERGENCY MEDICAL INFORMATION**

(Write below or attach a separate page if more space is needed)

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

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: \_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries EpiPen?  Yes  No    Carries Ana-Kit?     Yes  No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific: \_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: \_\_\_\_\_

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such): \_\_\_\_\_

Other Health/Medical/Dietary Concerns: \_\_\_\_\_

**Emergency Contacts:**

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(C) \_\_\_\_\_

Does your child currently have an Individual Health Care Plan (IHCP) with Sunrise School Division?

Yes  No

**Cross Reference:**

**Date Adopted:** August 1, 2017

**Date Amended:**

**Board Motion(s):**

**Procedure:** IJOA

**Guidelines:** IJOA-R

**Exhibit:** IJOA-E1, IJOA-E3, IJOA-E4, IJOA-E5, IJOA-E6, IJOA-E7

# SMS Grade 8 Boys Volleyball Schedule October 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
	Practice 330-5pm		Practice 730-830am Exhibition Games @ SMS 330-530pm	Practice 330-5pm		
29	30	31				
	Practice 330-5pm					

# SMS Grade 8 Boys Volleyball Schedule November 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
	Exhibition Games @ SMS 330-530pm		Practice 730- 830am	Practice 730- 830am	Tournament @ John Gunn	Remembrance Day
12	13	14	15	16	17	18
	Practice 330-5pm		Exhibition Games @ Dugald 330-530pm	Practice 330-5pm	Grade 7/8 Boys Tournament @ SMS	
19	20	21	22	23	24	25
	Exhibition Games @ SMS 330-530pm		Practice 730- 830am		PD Day	
26	27	28	29	30		
	Practice 330-5pm		Practice 730- 830am	SAC South Divisional Championships @ Dugald & SMS		

# SMS Grade 8 Boys Volleyball Schedule December 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
	PD Day		Practice 730-830am	Practice 330-5pm		
10	11	12	13	14	15	16
	Practice 330-5pm	SAC Crossover Championships @ North				
17	18	19	20	21	22	23
24	25	26	27	28	29	30
	Christmas Break	Christmas Break	Christmas Break	Christmas Break	Christmas Break	