



## Physical Activity Notification Form

This is formal notification that the school named below has selected the activities identified below to support the educational program at their school.

Name of School - \_\_\_\_\_ School Year - \_\_\_\_\_

Name of Principal - \_\_\_\_\_

“High Risk Activities” that will be included in the educational programming for students: **(Please place a check mark in the box beside the activities that students will be participating in during this school year)**

- |  |   |
|--|---|
| <input type="checkbox"/> Archery;                              | <input type="checkbox"/> Scuba diving;                  |
| <input type="checkbox"/> Cliff rappelling / rappelling towers; | <input type="checkbox"/> Skateboarding;                 |
| <input type="checkbox"/> Climbing walls;                       | <input type="checkbox"/> Firing ranges;                 |
| <input type="checkbox"/> Downhill skiing;                      | <input type="checkbox"/> Paintball warfare games;       |
| <input type="checkbox"/> Gymnastics;                           | <input type="checkbox"/> Snowboarding / snow blading;   |
| <input type="checkbox"/> Ice skating;                          | <input type="checkbox"/> Tackle football;               |
| <input type="checkbox"/> Ice hockey;                           | <input type="checkbox"/> Tobogganing;                   |
| <input type="checkbox"/> In-line skating;                      | <input type="checkbox"/> Whitewater rafting / kayaking; |
| <input type="checkbox"/> Mountain biking;                      | <input type="checkbox"/> Winter camping                 |

**PLEASE NOTE:**

- This is an exhaustive list and no other activities can be added.
- Curricular outcomes provide the rationale for engaging in any student centered activity and participation must be tied to achieving these outcomes.

As principal of the school identified above, I certify that participation in the activities identified by checkmark above will be conducted in strict adherence to the expectation outlined in the “School Physical Activity Health & Education Resource for Safety”. [SPHERes.ca](http://SPHERes.ca)

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

**PLEASE NOTE THAT THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BOARD SECRETARY PRIOR TO PARTICIPATION. A NEW FORM MUST BE FILED EVERY YEAR.**