

## Buchanan Park Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

30 Laurier Avenue Hamilton, Ontario L9C 3R9 Phone: 905.387.5212 Fax: 905.387.5268

EMAIL: <u>buchananpark@hwdsb.on.ca</u> www.hwdsb.on.ca/buchanan

September 3, 2025

Dear Families,

We're excited to announce that Buchanan Park School will be hosting a Grade 3 to 6 Kick Baseball League this September!

Every student in Grades 3 to 6 is welcome to participate. The league will run daily during 2nd break from September 7 to October 2, 2025. Students will be divided into teams, and a game schedule will be posted for all to see.

Each day, Mr. Blunsdon will pick up participating students at 1:12 p.m., and we'll walk together to the ball diamond. After a fun and active game, we'll return to school by 1:38 p.m. to continue our learning. To join the league, please complete the attached permission form and return it to Mr. Blunsdon by Friday, September 5, 2025.

All participants will attend the first day of the league to learn the rules and review safety procedures. Teams and the full schedule will be shared with students and families on Monday, September 7, 2025.

If you have any questions, feel free to contact me at <a href="mailto:rblunsdo@hwdsb.on.ca">rblunsdo@hwdsb.on.ca</a>. Let's play ball!

Warm regards,

Mr. Blunsdon Grade 3/4 Teacher

**Buchanan Park Elementary School** 

BE YOU. BE EXCELLENT.



## Parent/Guardian Information 2025-26

Buchanan Park

School Phone: 905-387-5212

P	lease	keep	this	form	at	home	for	vour	informa	ation

Key Information for the upcoming excursion

Date of Excursion: Sept. 7 to Oct. 7, 2025 Location: Buchanan Park Baseball Diamond

Cost: \$0.00

No payment is necessary.

Leaving the School: 1:12 pm

Returning to School: 1:38 pm

Transportation Method: Walking

Non-Staff Volunteers/Drivers will not be participating in this activity.

Expectations regarding student behaviour are the same as those for the regular school day. While we do not anticipate any problems, any serious breach of the School Code of Conduct on the part of the student may result in the student being sent home at the expense of the parent/guardian and further disciplinary action may be imposed.

Student information contained in your child's school records will be taken along on the excursion and will be used only in the case of an emergency. Please ensure the following elements in your child's student information record is up to date.

Notify the school office immediately of any changes:

- Parents/Guardians and Home Address/Phone Numbers
- Emergency Contact Names/Phone Numbers
- Medical/Health Concerns

Please return the attached consent for by: September 5, 2025

Volunteers Needed Yes No

Please contact your child's teacher if interested.

Note: In order to volunteer a current vulnerable sector check and school paperwork must be completed.

BE YOU. BE EXCELLENT.

## PARENT/GUARDIAN CONSENT FORM Please return this form to the school

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM. ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY

	The standard of the standard s	. Solloof B1						
	School: Buchanan Park	Date of Excursion: Sept. 7 to Oct. 2, 2025						
	Location: Buchanan Park Ball Diamor	Activity: Kick Baseball						
	Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples types of injury which may result from participating in this activity:							
	1. Slips, trips, falls	2. Concussion						
	3. Minor muscle sprain/strain	<ol> <li>Vocal strain from cheering</li> </ol>						
1	<ul> <li>I/We acknowledge receipt of the letter dated Sept. 3, 20 excursion. We authorize transportation by N/A</li> </ul>	25 from the school with respect to the upcoming student						
٠	I/We understand that excursions contain an element or risk and accidents may occur that may result in injury and/orloss without fault of either the student, or the school board, its employees or the facility where the activity is taking place.							
•	I/We understand that by choosing to allow the student to participate in this activity, I/we bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.							
	I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Old Republic Insurance Company of Canada at 1-800-463-KIDS (5437) or online at <a href="https://www.insuremykids.com">www.insuremykids.com</a> .							
•	I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.							
	I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.							
1	I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.							
•	in the annual transmitten transmitten bloade Corlock Board	d nor the School, will not be responsible for financial loss Tour Company, Transportation Carrier or cancellation by the						
]	I/WE HAVE READ THE ABOVE AND WE UNDERSTAND IN PAR ASSUMING THE RISKS ASSOCIATED WITH DOING SO.	RTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE						
	I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.							
	ames of Student: Teacher:							
	Signature of Student (if over 18):							
	Signature of Parent/Guardian:	10.000000000000000000000000000000000000						
ΡI	PLEASE CHECK BOX FOR METHOD OF PAYMENT: ONLINE CASH CHEQUE							
		TITLE COLUMN COL						

☐ I am interested in volunteering. Please contact me to initiate the volunteer screening process.