



**ANOLA SCHOOL**  
Anola, Manitoba  
R0E 0A0

Phone: 1-204-866-2962  
Fax: 1-204-866-3177  
Email: [astanley@sunrisesd.ca](mailto:astanley@sunrisesd.ca)  
WebSite: [www.sunrisesd.ca/](http://www.sunrisesd.ca/)

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Principal: Anthony Stanley

December 1, 2023

Dear Mr. Wielgosh,

Please accept this field trip proposal package for the Anola School Ski Trip planned for February 29<sup>th</sup> and March 1<sup>st</sup>. The trip includes students from Grade 5-8 and is an overnight trip. As such it falls within the Extended Care category.

You will find all information pertinent to making an informed decision regarding our proposal included in the package. Where possible, exact information has been included. In areas where information is not available at this time (ie. Weather conditions for those days) the best possible estimate has been made.

If you have further questions, please don't hesitate to call or email for more information.

Thank you in advance for considering this request.

Sincerely,

Cory Smith  
Athletic Director  
Anola School



IJOA-E4

**HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM**

**HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM**

**SCHOOL NAME:** Anola School

TEACHER IN CHARGE: Cory Smith			
PHONE: 204-866-2962	FAX: 204-866-3177	EMAIL: csmith@sunrisesd.ca	
DESTINATION: Asessipi Winter Park			
DATE: Feb 29-March 1	DEPARTURE TIME: 6:00 am	RETURN TIME: 7:30 pm	
AREA OF STUDY: Phys Ed	PURPOSE OF TRIP: Individual Activity to promote lifelong healthy lifestyle		
GRADE LEVEL: 5-8	# OF STUDENTS: 48	# OF MALE: 24	# OF FEMALE: 24

NAMES OF SUPERVISORS (Please print; add lines as needed):	Staff (S)/Volunteer (V)/Other (O)	GENDER: M/F
Teacher in Charge: Cory Smith	Staff	M
Other Supervisor: (*if not identified at this time, include with planning form)	Staff	F
Other Supervisor: Parent	Volunteer	F
Other Supervisor: Parent	Volunteer	M
TOTAL NUMBER OF SUPERVISORS: 5	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable): Asessipi Resort	SP CONTACT PERSON: Kendra Sitko	SP PHONE: 204-564-2000

TRANSPORTATION (check all that apply):		ESTIMATED COST OF TRIP: \$15000
METHOD: <input type="checkbox"/> Walking <input type="checkbox"/> School-owned bus/van <input type="checkbox"/> Public transport <input checked="" type="checkbox"/> Charter bus <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider Other (specify): _____	DRIVER: <input checked="" type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources): Student, Fundraising
		EQUAL ACCESS FOR ALL STUDENTS ASSURED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		SPECIAL NEEDS ADDRESSED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		CONTINGENCY PLAN (if trip cancelled, if student does not go): Regular Classes

EDUCATIONAL VALUE
Goals and/or Student Learning Outcomes: Discover new activity that may promote healthy active lifestyle Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card): Skiing/Snowboarding Student preparation (e.g., re: knowledge, skills, attitudes, fitness): Pre-trip lesson on proper conduct/attire, lessons on site by certified instructors Follow-up activity(ies) that will occur: Journal entries



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HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM

*MPASS + Ski/Board Manual* ✓

**SAFETY GUIDELINES**

I have reviewed Sunrise procedures and the YouthSafe Manitoba: Field Trip Safety for Schools (2004):  Yes  No

**SAFETY PLAN**

Main activities are:  
Skiing/Snowboarding

Safety issues – include what can reasonably be expected in these activities, specific risks:  
Sprains/Strains/Injuries associated with falling

Plans to address: First Aid - supervisors with proper training, Kit on hand

**VOLUNTEER PLAN**

Process to identify volunteer candidates:

Volunteer screening processes (check any and all that apply):  
 Background Check     Reference Check     Criminal Records Check     Child Abuse Registry Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):  
At Anola, 1 week prior to departure via discussion with Cory Smith

**SUPERVISION PLAN**

Briefly describe the supervision processes to be used: e.g., large or small group setting(s); lead/sweep; head counts; buddy system; level of supervision (constant visual, on-site, in the area); other elements of supervision plan as relevant:

Direct supervision on bus and during hotel activities. Buddy system/ On site supervision on hill and in hotel rooms

⊛ *Pool Plan @ Russell Inn: No swimming (unless lifeguard can be found)*

**EMERGENCY PLAN**

Contingency kit(s) carried (stocked and accessible) (check all that apply):  
 First Aid     Repair     Survival

Emergency communications technology carried (check any and all that apply):  
 Cell phone     Satellite phone     Radio (VHF, UHF)     Family Radio Service (FRS)     None     Other (specify): \_\_\_\_\_

Name of Primary First Aider: Cory Smith    Certification Held: Red Cross

Name of School Contact Available 24/7: Cory Smith    Phones: (H) 792-4012    (W) 866-2962    (S) \_\_\_\_\_

**ATTACHMENTS CHECKLIST** (check all that apply and attach to this form):

<input checked="" type="checkbox"/> Program/Activity/Trip Plan	<input checked="" type="checkbox"/> Parental Consent and Acknowledgement of Risk Form
<input type="checkbox"/> Itinerary Card	<input type="checkbox"/> Volunteer Consent and Acknowledgement of Risk Form
<input type="checkbox"/> Assessing Teacher/Leader Competency Form	<input type="checkbox"/> Student Transportation in Private Vehicles by Staff or Other Volunteers
<input checked="" type="checkbox"/> Parent/Guardian Correspondence	<input type="checkbox"/> Service Provider Master Agreement and/or Contract

Other (specify): \_\_\_\_\_



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**HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM**

**EVALUATION**

Criteria for success of field trip:

Students will learn how to safely ski or snowboard down a hill without assistance

Process to determine success:

Observation

Name of Teacher in Charge (please print): Cory Smith	Date (year/month/day) 23 11 123	Signature <i>Cory Smith</i>
Name of Principal (please print): Anthony Stanley	Date (year/month/day) 23 11 2 101	Signature <i>Anthony Stanley</i>
Additional approval (as needed; specify and please print): <i>Jody W. Helgeson</i>	Date (year/month/day) 23 1 12 101	Signature <i>Jody W. Helgeson</i>



**SUNRISE**  
SCHOOL DIVISION

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**HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM**

**HIGHER CARE/EXTENDED FIELD TRIP CHECKLIST**

√ = Met  
X = Not Met  
? = Need More Information  
- = Not Applicable

Met	Criteria
<input checked="" type="checkbox"/>	The group appears adequately prepared for the trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
<input checked="" type="checkbox"/>	Information to be given parents/guardians is appropriate for the type/duration of trip
<input checked="" type="checkbox"/>	Parental/guardian consents are collected (e.g., consent to attend, consent to secure medical treatment)
<input checked="" type="checkbox"/>	Relevant student health and medical information is secured from parents
<input checked="" type="checkbox"/>	Additional insurance needs addressed, if relevant (e.g., out of province medical, hospital care) (contact <u>MSBA</u> ) <i>*STUDENTS, STAFF and VOLUNTEERS MUST obtain additional insurance coverage for USA/international trips (ALL out-of-Canada trips). This information is on file at the school. <input type="checkbox"/>YES <input type="checkbox"/>No</i>
<input checked="" type="checkbox"/>	Budget and financial arrangements are appropriate
<input checked="" type="checkbox"/>	Transportation arrangements are acceptable (type of vehicle, type of driver) and parental/guardian consent is secured
<input checked="" type="checkbox"/>	Special needs issues are addressed
<input checked="" type="checkbox"/>	Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas <i>Higher Care Day or Extended Care Trips – Recommended Ratio: Grade 5-8 students 1:10; Grade 9-12 students 1:15</i>
<input checked="" type="checkbox"/>	If the trip is overnight, accommodations arrangements are acceptable, (e.g., hygiene, security)
<input checked="" type="checkbox"/>	The safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
<input checked="" type="checkbox"/>	Emergency plan is in place to deal with injured/ill/lost/stranded participant(s) (e.g., training, kits, communications equipment, EMS access, back-up transportation)
<input checked="" type="checkbox"/>	There is an alternative contingency plan(s) if the trip/part of the trip can't happen
<input checked="" type="checkbox"/>	Destination contact and phone number is provided, e.g., outdoor centre, camp, local authority(ies)
<input checked="" type="checkbox"/>	There is a list of documents the teacher will carry (e.g., trip plan, permits, passenger manifestos, medical conditions and emergency contacts of participants)
<input checked="" type="checkbox"/>	The office will receive a copy of finalized trip plan, signed consent forms, passenger manifestos and names of no-shows



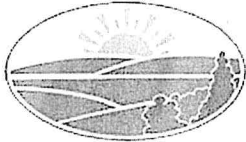
IJOA-E4

**HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM**

Comments:

Name of Teacher in Charge (please print): <i>CORY SMITH</i>	Date (year/month/day) <i>23 / 11 / 23</i>	Signature <i>[Signature]</i>
Name of Principal (please print): <i>Anthony J. Stanley</i>	Date (year/month/day) <i>23 / 12 / 01</i>	Signature <i>[Signature]</i>
Additional approval (as needed, specify and please print): <i>Jody Wielgosh</i>	Date (year/month/day) <i>23 / 12 / 01</i>	Signature <i>[Signature]</i>

<b>Cross Reference:</b>		
<b>Date Adopted:</b> August 1, 2017	<b>Date Amended:</b> April 25, 2019	<b>Board Motion(s):</b>
<b>Procedure:</b> IJOA	<b>Guidelines:</b> IJOA-R	<b>Exhibit:</b> IJOA-E1, IJOA-E2, IJOA-E3, IJOA-E5, IJOA-E6, IJOA-E7



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IJOA-E5

**HIGHER CARE/EXTENDED DETAILED  
FIELD TRIP PLAN FORM**

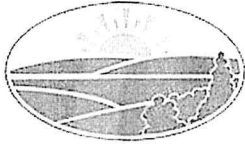
**HIGHER CARE/EXTENDED DETAILED FIELD TRIP PLAN FORM**

*Take a copy of these forms on the trip and leave one with your school contact.*

NAME OF TRIP OR DESTINATION: Asessippi Resort

DATE(S): Feb 29 - March 1 2024

KEY CONTACT NAMES		PHONE NUMBERS (WORK/HOME/CELL)	
Teacher in Charge:	Cory Smith	866-2692 /	/ 792-4012
Principal:	Anthony Stanley	866-2692 /	/
Assistant Principal:		/	/
Other Trip Supervisor:	Dana Walmsley	866-2692 /	/ 770-9713
Other Trip Supervisor:		/	/
Other Trip Supervisor:		/	/
Other Trip Supervisor:		/	/
ASSISTANTS/VOLUNTEERS			
Competencies (i.e., what relevant key knowledge, skills, fitness and experience will the assistants/volunteers bring?)			
NAME	COMPETENCIES		
Cory Smith	Physical Educator over 30 years snowboarding experience		
Dana Walmsley	Physical Educator over 20 years skiing experience		
Other staff and volunteers briefed re: logistics, roles/responsibilities/duties, expectations, safety plan and emergency plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Beyond general group supervision, note specific roles/responsibilities/duties of each person below:			
SUPERVISOR'S NAME	ROLES/RESPONSIBILITIES/DUTIES		
Cory Smith	Organize trip, communicate with site programmers, Assist on hill instructions		
Dana Walmsley	In charge of first aid kits and medical info, Assist with on hill instruction		
STUDENTS NOT ATTENDING	ALTERNATIVE ARRANGEMENTS/ASSIGNMENTS FOR THESE STUDENTS		
	Regular Classes		
NO-SHOWS AT DEPARTURE	FOLLOW-UP ON THESE STUDENTS BY SCHOOL		
	Communicate with parents, Inform Principal, regular classes		



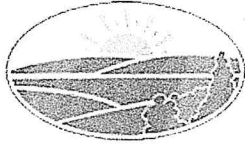
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**HIGHER CARE/EXTENDED DETAILED  
FIELD TRIP PLAN FORM**

Parental/Guardian Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:				
Volunteer Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:				
Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: <input type="checkbox"/> Yes <input type="checkbox"/> No All trip supervisors aware of location of forms and copies left with school contact: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>TRANSPORTATION</b>				
Appropriate mode of transportation and driver(s) available for group: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent/guardian approval of mode of transportation sought: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Driver(s) briefed re: route and safety expectations (see <i>YouthSafe Manitoba</i> guide): <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>EQUIPMENT/SUPPLIES</b> (attach gear list and complete the following)				
Group equipment checked: <input type="checkbox"/> Yes <input type="checkbox"/> No		Deficiencies addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student clothing/equipment checked: <input type="checkbox"/> Yes <input type="checkbox"/> No		Deficiencies addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
First aid, repair & survival kits checked: <input type="checkbox"/> Yes <input type="checkbox"/> No		Deficiencies addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ACCOMMODATIONS ARRANGEMENTS</b> (e.g., hotel/motel, hostel)				
DATE OF ARRIVAL	LOCATION (city, town)	NAME OF ACCOMMODATION	PHONE NUMBER	
February 29	Russell	Russell Inn	204-773-7502	
<b>BUDGET</b> \$16800				
<b>EXPENSES</b> \$16800		<b>SOURCE(S) OF FUNDING and AMOUNTS</b>		
Transportation: \$3150		School Budget:		
Food/meals: \$750		Fundraising (specify):		
Accommodations: \$6500		Fee/student: \$325		
Service Providers: Russell Inn		Other (specify):		
Fees/licenses:		Other (specify):		
Other (specify): lift ticket/Rental \$5500		Other (specify):		
<b>WEATHER FORECAST</b>				
For trips of outdoor nature only (i.e., ski trips) and recognizing that local patterns can be different and longer term forecasts are less reliable				
	DAY 1	DAY 2	DAY 3	DAY 4
Low/High Temp.	-10 / -2	-12 / -4	/	/
Wind Speed/Direction	20 / NW	25 / NW	/	/
Precipitation Type/Amount	Snow / 2cm	Snow / 1cm	/	/



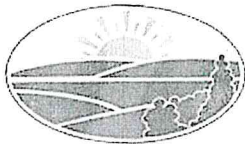


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**HIGHER CARE/EXTENDED DETAILED  
FIELD TRIP PLAN FORM**

<p>If required for outdoor activities:  <b>SITE/AREA INVESTIGATION</b> (from pre-visit, review of maps, guidebooks, talking to local authorities, etc.).            Comment on results of investigation (e.g., suitability for group and objectives, can be phone contact):</p>																	
<p>For out of country trips, be sure to do a bi-weekly review of <a href="http://www.voyage.gc.ca/consular_home-en.asp">www.voyage.gc.ca/consular_home-en.asp</a></p>																	
<p><b>WINTER ROAD CONDITIONS REPORT</b> (if required: from CAA, RCMP or other reliable source):</p> <p style="text-align: center;">Will check upon departure</p>																	
<p>If required for outdoor activities:  <b>OTHER LOCAL CONDITIONS REPORT</b> (e.g., from Parks office or other reliable source. May include snow report, water levels, wildlife warnings, etc., as relevant.):</p>																	
<p><b>SAFETY PLAN</b>            (Some of this may be addressed on the <u>Trip Proposal Form</u> or Itinerary Card. Use this table if additional space is needed to identify other strategies/techniques to be employed to manage risks).            Copy relevant info from the <i>Trip Leadership Resource</i>.</p>																	
<b>POTENTIAL KNOWN HAZARDS</b>	<b>STRATEGIES TO REDUCE THESE HAZARDS</b>																
Falls due to inexperience	On hill instruction																
<p><b>EMERGENCY PROCEDURES</b></p> <p>Procedure if a participant is ill or has a non-life threatening injury:            Attend to by one of the first aiders and contact with parents initiated</p>																	
<p><b>EMERGENCY CONTACTS</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">TYPE OF EMERGENCY SERVICE</th> <th style="width: 40%;">AGENCY</th> <th style="width: 30%;">PHONE NUMBER</th> </tr> </thead> <tbody> <tr> <td>Search and Rescue</td> <td>Russell FD/RCMP</td> <td>911</td> </tr> <tr> <td>Medical</td> <td>EMS</td> <td>911</td> </tr> <tr> <td>Fire</td> <td>Russell FD</td> <td>911</td> </tr> <tr> <td>Police</td> <td>RCMP</td> <td>911 or 773-2105</td> </tr> </tbody> </table>			TYPE OF EMERGENCY SERVICE	AGENCY	PHONE NUMBER	Search and Rescue	Russell FD/RCMP	911	Medical	EMS	911	Fire	Russell FD	911	Police	RCMP	911 or 773-2105
TYPE OF EMERGENCY SERVICE	AGENCY	PHONE NUMBER															
Search and Rescue	Russell FD/RCMP	911															
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<p><b>NAMES AND LOCATIONS OF NEAREST MEDICAL FACILITIES</b>            (Distinguish appropriately where there are changes at different points along the trip):</p>																	
<p><b>OTHER RELEVANT INFORMATION</b></p>																	



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Comments:

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Name of Principal (please print): <i>Anthony J. Stanley</i>	Date (year/month/day) <i>23/12/01</i>	Signature <i>A. Stanley</i>
Additional approval (as needed; specify and please print): <i>Joey Wilgus</i>	Date (year/month/day) <i>23/12/01</i>	Signature <i>Joey Wilgus</i>

**Cross Reference:**

<b>Date Adopted:</b> August 1, 2017	<b>Date Amended:</b>	<b>Board Motion(s):</b>
<b>Procedure:</b> IJOA	<b>Guidelines:</b> IJOA-R	<b>Exhibit:</b> IJOA-E1, IJOA-E2, IJOA-E3, IJOA-E4, IJOA-E6, IJOA-E7