

**Principal Approval: Physical Education Class Activities, and Staff Initiated  
Recess/Lunch/Intramural School Ground Activities Approval Form**

|  |  |   |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
|--|--|---|---------------------------------------|---|---|------------------------------|---------------------------------|--|---------------------------------------|------------------------------------|---|-----------------------------------|----------------------------------|---|-----------------------------------|----------------------------------|---------------------------------------|--------------------------------|-----------------------------------|-----------------------------------|--|---------------------------------------|--|-----------------------------------|------------------------------------|--|--|--|--|--------------------------------------|------------------------------------|
| Individual(s) requesting approval:   | For school year:<br>_____                                  |   |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <p>This form is being completed for on-site activities (check only one, submit separate approval form for each)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical education class</li> <li><input type="checkbox"/> Recess/lunch/intramural staff organized activities</li> </ul>   |  |   |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <p>Grade level of physical education class (please circle)<br/>ECS 1 2 3 4 5 6 7 8 9 10 11 12</p>  |  |   |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <p>Proposed AMBER activities (check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Broom ball</td> <td><input type="checkbox"/> Balance beam</td> <td><input type="checkbox"/> Track and Field (specify activities)</td> </tr> <tr> <td><input type="checkbox"/> European handball (team)</td> <td><input type="checkbox"/> Bar</td> <td><input type="checkbox"/> Discus</td> </tr> <tr> <td><input type="checkbox"/> Hockey (ball)</td> <td><input type="checkbox"/> Pommel horse</td> <td><input type="checkbox"/> High Jump</td> </tr> <tr> <td><input type="checkbox"/> Hockey (field)</td> <td><input type="checkbox"/> Lacrosse</td> <td><input type="checkbox"/> Hurdles</td> </tr> <tr> <td><input type="checkbox"/> Hockey (floor)</td> <td><input type="checkbox"/> Ringette</td> <td><input type="checkbox"/> Javelin</td> </tr> <tr> <td><input type="checkbox"/> Hockey (ice)</td> <td><input type="checkbox"/> Rugby</td> <td><input type="checkbox"/> Shot put</td> </tr> <tr> <td><input type="checkbox"/> Football</td> <td><input type="checkbox"/> Skating (ice)</td> <td><input type="checkbox"/> Triple Jump,</td> </tr> <tr> <td><input type="checkbox"/> Gymnastics (specify activities)</td> <td><input type="checkbox"/> Softball</td> <td><input type="checkbox"/> Long Jump</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Swimming (in pool with lifeguard)</td> <td><input type="checkbox"/> Weightlifting</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Tobogganing</td> <td><input type="checkbox"/> Wrestling</td> </tr> </table> |  | <input type="checkbox"/> Broom ball                           | <input type="checkbox"/> Balance beam | <input type="checkbox"/> Track and Field (specify activities) | <input type="checkbox"/> European handball (team) | <input type="checkbox"/> Bar | <input type="checkbox"/> Discus | <input type="checkbox"/> Hockey (ball) | <input type="checkbox"/> Pommel horse | <input type="checkbox"/> High Jump | <input type="checkbox"/> Hockey (field) | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Hurdles | <input type="checkbox"/> Hockey (floor) | <input type="checkbox"/> Ringette | <input type="checkbox"/> Javelin | <input type="checkbox"/> Hockey (ice) | <input type="checkbox"/> Rugby | <input type="checkbox"/> Shot put | <input type="checkbox"/> Football | <input type="checkbox"/> Skating (ice) | <input type="checkbox"/> Triple Jump, | <input type="checkbox"/> Gymnastics (specify activities) | <input type="checkbox"/> Softball | <input type="checkbox"/> Long Jump |  | <input type="checkbox"/> Swimming (in pool with lifeguard) | <input type="checkbox"/> Weightlifting |  | <input type="checkbox"/> Tobogganing | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Broom ball  | <input type="checkbox"/> Balance beam                      | <input type="checkbox"/> Track and Field (specify activities) |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <input type="checkbox"/> European handball (team)  | <input type="checkbox"/> Bar                               | <input type="checkbox"/> Discus                               |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <input type="checkbox"/> Hockey (ball)   | <input type="checkbox"/> Pommel horse                      | <input type="checkbox"/> High Jump                            |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <input type="checkbox"/> Hockey (field)  | <input type="checkbox"/> Lacrosse                          | <input type="checkbox"/> Hurdles                              |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <input type="checkbox"/> Hockey (floor)  | <input type="checkbox"/> Ringette                          | <input type="checkbox"/> Javelin                              |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <input type="checkbox"/> Hockey (ice)  | <input type="checkbox"/> Rugby                             | <input type="checkbox"/> Shot put                             |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <input type="checkbox"/> Football  | <input type="checkbox"/> Skating (ice)                     | <input type="checkbox"/> Triple Jump,                         |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <input type="checkbox"/> Gymnastics (specify activities)   | <input type="checkbox"/> Softball                          | <input type="checkbox"/> Long Jump                            |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
|  | <input type="checkbox"/> Swimming (in pool with lifeguard) | <input type="checkbox"/> Weightlifting                        |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
|  | <input type="checkbox"/> Tobogganing                       | <input type="checkbox"/> Wrestling                            |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |
| <p>I have reviewed and considered Horizon policies (check all that have been reviewed and considered)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> EEACAA – Private vehicles volunteer</li> <li><input type="checkbox"/> EEACAB – Division owned co-curricular activity vehicles</li> <li><input type="checkbox"/> GBD – First aid training</li> <li><input type="checkbox"/> GFA - Volunteers</li> <li><input type="checkbox"/> HICA – Off-site activities</li> <li><input type="checkbox"/> IHCD – Concussion</li> <li><input type="checkbox"/> IHCE – Student illness/injury</li> </ul>  |  |   |                                       |   |   |                              |                                 |  |                                       |                                    |   |                                   |                                  |   |                                   |                                  |                                       |                                |                                   |                                   |  |                                       |  |                                   |                                    |  |  |  |  |                                      |                                    |

I have reviewed and considered all Need-to-know information relevant for all activities checked off (pg. 11-17 in "Safety Guidelines for Physical Activity in Alberta Schools 2013")

- Yes
- No (If No, explain)

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I have reviewed and considered Need-to-Know information for all applicable activity categories. (check activities categories that have been reviewed and considered).

- Indoor Activities (pg. 19-20)
- Outdoor Education Activities (pg. 27-30)
- Gymnastics Activities (pg. 21-22)
- Pool or Open Water Activities (pg. 31-32)
- Outdoor Activities (pg. 23-24)
- Off-site Activities (pg. 33-35).
- Winter Outdoor Activities (pg. 25)

I have reviewed and considered guidelines for all specific activities checked off. (pg. 37-143 in "Safety Guidelines for Physical Activity in Alberta Schools 2013")

- Yes
- No (If No, explain)

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I have reviewed, considered, and will be implementing all safe instructional practices and guidelines that I have been reviewed in the above policies and resource

- Yes
- No (If no, explain)

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All activities are implemented at an age-appropriate level.

- Yes
- No (If no, explain)

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List the activities you have not taught in the last two years

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I have current certified First Aid/C.P.R. certificate (Note someone with first aid needs to be present when doing amber activities. (this could be: another staff member in the school when the activity is on-site / the supervising teacher or another adult (e.g. lifeguard) when off-site)

Yes

Expiration date: \_\_\_\_\_

No, (explain who/how first aid will be addressed): \_\_\_\_\_  
\_\_\_\_\_

Teacher/Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Comments (e.g. additional safety precautions or directions): \_\_\_\_\_

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Principal Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(indicating approval)

Principals should keep a copy of this approval form at the school for

- One (1) year beyond the end of the school year approved.
- Five (5) years if an accident report was filed during one of the activities.

