

June 2018

Dear Parent/Carer

I am pleased to be able to offer your child the opportunity to attend the Year 9 end of year trip. This is to celebrate and recognise their hard work during this academic year.

The trip is to NPF Bassetts Pole in Birmingham and will take place on Thursday 19 July 2018. The cost per student is £27.70 which includes entrance to the adventure site and return coach travel. We will be leaving school at 9.00am and returning to school at approximately 3.30pm.

Students will need to bring a packed lunch, or select the option to pre order a lunch from the adventure café at an extra cost of **£2.50**. **Please be aware that we have students who may be participating in this trip who have a serious nut allergy. Please avoid giving your son/daughter bagged nuts or products with a nut content, as even the smell can cause these students anxiety.** If your child is entitled to free school meals, and requires a packed lunch on the day, please tick the relevant box on the attached form.

Students will have the choice of participating in **ONE** of the following activities:-

Inflatable action games

Bush craft skills

Battle Archery


Places for each activity are limited and will be allocated on a first come, first served basis.

Students who do not go on the trip will be expected to attend school as normal and will be supervised.

If you wish to pay online please visit ParentPay and go to your child's account. Please ensure you pay for the activity your child wishes to participate in. If they want to pre order lunch, please also pay for this (listed separately on ParentPay). If you choose this option you do not need to complete the medical form. **However all students participating in this trip must complete the attached registration form and return it to reception once payment has been made.** If you wish to pay by cheque please complete, sign and return the attached Parental Consent Form (please remember to indicate which activity your child wishes to participate in and if they want to pre order lunch) and send it, together with your payment, to reception by **Friday 29 June 2018**, placing it in a **sealed** envelope with your child's name, tutor group and the name of the trip on the front. Please make cheques payable to Hearn Gate Science College. If you have any concerns regarding costs for this trip, please contact Mrs Broderick, PA to the Principal, in confidence on 01773 716396 ext. 7056.

I look forward to a fantastic end of year trip.

Yours sincerely



Ms G Wharton
Year 9 Achievement Leader

TO BE COMPLETED FOR ALL PARTICIPATING STUDENTS

Customer I.D.

For office use only



UNDER 18s DISCLAIMER - To be completed by Parent or Guardian

PLEASE COMPLETE IN BLOCK CAPITALS

TITLE: MR MRS MS MISS Parent/Guardian DATE OF BIRTH: / /

Parent/Guardian FORENAME:

Parent/Guardian SURNAME:

Parent/Guardian MOBILE: 0 7

Parent/Guardian EMAIL:

HOUSE NO: OR HOUSE NAME:

POSTCODE:

FULL NAME OF CHILD:

Relationship to Child: DATE OF BIRTH OF CHILD: / /

GROUP ORGANISER'S NAME:

DOES THE CHILD NAMED ABOVE HAVE ANY MEDICAL CONDITION/ ALLERGIES OR TAKE ANY PRESCRIBED MEDICINE/S? NO YES

IF YES PLEASE GIVE DETAILS:

Activities: Paintball (10yrs+) | Laser (6yrs+) | Airsoft (11yrs+) | Mini Paintball (8yrs+) | Quad Trekking (11yrs+ 90cc – 16yrs+150cc) | Inflatable Activities (8yrs+) | Disco Dome (5yrs+) | Bush Craft (8yrs+) | Air pistol/Rifle Target shooting (11yrs+) | Archery (10yrs+) | Sling Shot Target Shooting (11yrs+) | Battle Archery (10yrs+) | Disc Golf (10yrs+)

Important - Please Read

I hereby confirm that I am the parent or guardian of the Child; and that I have parental responsibility for the child and that I consent to the Child participating in the Activities at my sole risk. I confirm that I understand that risks and dangers exist in the activities and that by participating in the same the Child may be exposed to various different hazards which may include but will not be limited to fallen trees, dead branches, sharp objects, holes, burrows, trip and slip hazards, wet and slippery surfaces, inclement weather conditions, muddy areas, loose and uneven ground. I hereby confirm that in signing this form and allowing the Child to participate in the Activities, I shall bear sole responsibility for any loss, damage, cost or expense that my Child may suffer as a result of or in connection with the Activities other than where the same results from death or personal injury caused by the negligence of WDP Paintball Limited or one of its employees, agents or servants. I hereby confirm that I will ensure that the Child pays attention to all safety briefings that may be given in connection with the Activities and also to familiarise themselves with any safety notices, warnings or other information which may be displayed in connection with Activities before the Child takes part in any of the Activities. I further confirm that the Child complies with all rules that may be in force or instructions which may be given to them from time to time in connection with any of the Activities and I will ensure that the Child adheres to any requirements that may be stipulated in connection with the equipment which must be worn whilst taking part in the Activities. I hereby acknowledge and accept that if the Child acts in breach of any of the rules which may be in force in connection with any of the Activities or if the Child fails to adhere to any instructions, briefings, notices or other requirements which are placed on me in connection with the Activities that the Child may be excluded from any further participation in the Activities with immediate effect and without any entitlement to a refund. I hereby agree that in consideration of allowing the Child to take part in the Activities that I shall indemnify WDP Paintball Limited together with its employees, agents and servants from any and all loss or liability that they may suffer or incur in connection with or as a result of the Child taking part in the activities. PLEASE NOTE: Persistent violation of our safety rules & policies will result in the exclusion of the offending players & quad riders from the Activity. Unruly behaviour and abusive language will not be tolerated and could result in the termination of all activities. WDP Paintball Limited reserves the right to refuse admission. Alcohol is not permitted. Please tick here if you do not wish to receive marketing material from NPF Bassetts Pole

I hereby confirm that the details set out above are correct and complete in all regards and that I have read, understood and accept all of the above. I confirm that I believe the Child to be physically fit and able to participate in the Activities and recognise that the Activities may require a high level of exertion. Please declare to the management team any illnesses such as asthma, heart disease etc as they may be aggravated by participation in the Activities.

SIGNATURE: _____ DATE: / /



HEANOR GATE SCIENCE COLLEGE
TRIP CONSENT, CONTACT AND MEDICAL FORM



Please return to Reception
PLEASE COMPLETE ALL SECTIONS

Student's name		TG	
Trip / Visit to	NPF Bassetts Pole in Birmingham		
Cost	£27.70 OR £30.20 which includes lunch	Cheque <input type="checkbox"/>	Parentpay → <input type="checkbox"/> If you have paid via ParentPay you <u>DO NOT</u> need to complete this form
Date(s) From	Thursday 19 July 2018	Times	9.00am – 3.30pm
Teacher in charge	Mrs G Wharton		
My child is entitled to <u>free school meals</u> and I would like to request a packed lunch <input type="checkbox"/>			

Choose ONE

Inflatable Action Games or Bushcraft Skills or Battle Archery

Student Contact Details

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Email			

Alternative contact	Relationship to student:		
Address			
Name		Home	
Mobile		Work	

Medical Information

Name of doctor		Tel no	
Address of surgery			

Please circle as appropriate

Does your child suffer with a medical condition that requires regular treatment?	Yes <small>continue below</small>	No
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My child suffers from:			
.. and has been prescribed the following medication	Name of medication	Dose	Frequency

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

Please circle as appropriate

I would like to discuss my child's medical condition with trip leader	YES NO
My child has had an up to date tetanus injection	YES NO
I am willing for my child to be given "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and sun cream/aftersun if necessary	YES NO

Inhalers and "Epipens" may be kept by the student with spares given to the teacher in charge.

I give authorisation for my child to keep an inhaler with them and use it as required	YES NO
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Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies <i>(If Yes, please give details below)</i>	YES NO

Additional Information

Please include any additional information as required

Photography/Video - Please tick the box if you DO NOT give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website.	<input type="checkbox"/>
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Please ✓ if appropriate

Declaration by Parent/Carer (or student if over 18)

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print name			