



April 2018

## **'Challenge Academy' team building day Friday 6<sup>th</sup> July 2018**

Dear Parents/Carers,

We will be taking our new Year 7 students to a confidence and team building day at 'Challenge Academy', Baggeridge Country Park near Sedgley, on Friday 6<sup>th</sup> July as part of our transition programme.

Students will be faced with team challenges, where they will be able to get to know their new peers and confidence activities to help them overcome any fears they might have about starting a new school.

Students should arrive at school no later than 8.20am and should line up in their tutor groups on the playground. They will arrive back at school at approximately 4.00pm. They should wear light clothing (a tracksuit would be ideal) and trainers. Sun cream and possibly a hat should also be worn as they will be working outside for most of the day. We will provide a packed lunch for all students.

Please complete the 2 enclosed parental consent form detailing your contact numbers and consent and return them to your son/daughter's primary school by Friday 25<sup>th</sup> May. Challenge Academy require their consent form to be completed in order to acknowledge the type of activities students will be participating in. Both consent forms must be completed in order to participate in this activity.

Please be aware that a member of staff from your son/daughter's primary school will be attending the day, to assist our staff and to help ease any anxieties the students may have.

We look forward to meeting with you and your son/daughter in the coming weeks.

Yours sincerely,

James Wilkinson  
Assistant headteacher

**King Charles I School  
PARENTAL CONSENT FORM**

**1. Details of trip**

Journey/visit to Baggeridge Country Park near Sedgley, DY3 4HB on Friday 6<sup>th</sup> July.

I agree to my son/daughter .....(name) taking part in the above mentioned journey/visit, having read the letter, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

**2. Medical Information**

(a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication?  
YES / NO If YES, please give brief details.....

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious?  
YES / NO If YES, please give brief details.....

(c) Is your son/daughter allergic to any medication? YES / NO If YES, please specify .....

(d) Has your son/daughter received a tetanus injection in the last five years? YES / NO

(e) Please outline any special dietary requirements of your son/daughter.....

I undertake to inform the co-ordinator/headteacher as soon as possible of any change in circumstances between the date signed and the commencement of the journey/visit.

**3. Declaration**

- I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.
- I understand the extent and limitations of the insurance cover provided.
- I hereby give permission for photographs taken of my son/daughter during this journey/visit can be used for any reasonable purpose including King Charles I School publicity, in printed or electronic media.
- The photographs may be shared with local news media and event organisers and displayed around the school.

I may be contacted by telephoning the following numbers:

Work: ..... Home: ..... Mobile .....

My home address is: .....

If I am not available at any of the above, please contact:

Name: ..... Relationship to student.....

Telephone Number(s): .....

Address: .....

Name, address and telephone number of family doctor:

Date: ..... Signed: .....(Parent/Carer)

**CHALLENGE ACADEMY - SCHOOL PARENTAL CONSENT FORM TO BE READ AND SIGNED BY PARENTS/GUARDIANS OF PARTICIPANTS AGED 18 OR UNDER.**

Challenge Academy's Aerial Ropes Courses meet the highest safety standards and all instructors are highly trained. Your child will have a fulfilling, occasionally challenging, but always enjoyable time with us. Please read the following and sign your consent.

- I would like my child to participate in the 'Aerial Ropes Adventure' experience.
- I accept that my child will be given specific safety instructions and will be expected to follow them while undertaking any activities, particularly those which are not under direct supervision.
- I understand that the Aerial Ropes experience is a physical activity and that, as with all such activities, it carries a minimal risk of injury.
- In the unlikely event of an accident, or loss or damage to personal effects, I acknowledge that Challenge Academy will not be liable for any direct or indirect loss, damage or injury arising from, or in connection with the activity, except in instances of personal injury directly caused by the Company's negligence, and I waive all claims against the Company in this respect.
- I agree to the school sharing relevant medical information about my child with the instructors. This information will be treated confidentially.
- I accept that if the children are not compliant with the rules of the Centre, then they may not be able to take part.

Participating in adventurous activities will always have associated risks of personal injury. We make every effort to minimise this risk - our systems are extremely safe, regularly checked and our instructors are trained to a high standard. However, participants in these activities should be aware of the risks and be responsible for their own actions.

We sometimes use photographs for marketing purposes. We never use names.   
Please tick this box if you do not want us to use images of the person named below.

I am over 18 - I am the parent or guardians for the young person listed on this form to participate. By signing below you are agreeing to all of the terms within this document

Name:

Signature:

Name Participant:

Date: