

Monday 16th May 2022

Dear Parent / Carer,

Re: Bronze Training Day – Saturday 21st May

This Saturday is the Bronze Expedition Training Day for your child. It is imperative that they attend this day. Failure to attend will result in them not being able to do the expedition in July. Consent forms are attached, please return these to myself **ASAP** and these need to be returned please keep checking with your child if they have it in their bag. Leicester Outdoors Pursuit Centre (LOPC) is the expedition provider that will be running the day but I will be on site alongside another staff member. LOPC has offered to hire out their tents and stoves to us for the expedition and this cost will be funded through donations and fundraising. If your child requires a rucksack, sleeping bag or sleeping mat, please let me know below and I can look into borrowing this equipment to you or discussing with you hire from the expedition provider.

Training day will consist of a variety of activities that will prepare them for their weekend: safely putting up and taking down tents, countryside codes, map reading and getting the first look at their route that they will be undertaking! It is a very exciting day and pupils need to come in clothes which are comfortable and will not restrict their movement, I highly recommend coming in **joggers and trainers.**

Students will need to be at school for **8.45am**, ready to start for 9am and will be finished, ready for collection at **3pm**. Pupils will also need to **bring their own lunch** as it will not be provided for them.

Any issues or concerns, please do not hesitate to contact me on l.morris@seva.coventry.sch.uk

Yours Sincerely

Miss L Morris
PE Teacher and Duke of Edinburgh Manager

DofE Bronze Training Day

Name of student: _____ Year Group: _____

I am aware of the drop off and collection times and I will make sure that my child has their own lunch with them.

I need to discuss hire/borrow of:

- Rucksack Sleeping Mat Sleeping Bag
 None

Parents/Carers Signature _____



BRONZE

SATURDAY 21ST MAY

Kit list for participants:

- Comfortable clothing and dressed appropriately for the weather
- Closed footwear i.e. no sandals or flip flops
- Water proofs if you have them or a warm coat just in case.
- Lunch and snacks to get you through the day along with a refillable water bottle
- Sun cream
- LOPC does not take any responsibility for any valuables such as phones, these are brought at your own risk and we strongly recommend that you leave these at home.





Individual Consent Form

**To be completed by the Participant or,
if they are under 18, their parent or legal guardian or,
in the case of a vulnerable adult the person legally responsible for them.**

This Consent Form must be completed and signed by the person identified below who intends to participate in any Activities, or, where that Participant is a Young Person, by their parent or legal guardian or where that Participant is a vulnerable adult the person legally responsible for that vulnerable adult. This form must then be returned to LOPC prior to commencing the relevant Activity.

By signing this Consent Form You confirm that You have read and understood Our Terms and Conditions relating to the provision of the Activities which you have booked. This Consent Form forms part Your Contract with Us. Please ensure You have read and understood both this Consent Form and the Terms and Conditions before signing this Consent Form.

Please state the intended use of this form:

- | | | | |
|---|---|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Group Booking Canoeing Tour | <input type="checkbox"/> Adventure Club | <input type="checkbox"/> Course | <input type="checkbox"/> Go |
| <input type="checkbox"/> Birthday Party Club | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Event | <input type="checkbox"/> Climbing |

If course or event please specify:

Date:

Participant's Details:

| | | |
|-----------------------------------|------------------------------|-----------------|
| Title: Mr / Mrs / Ms Other: | First Names: | Surname: |
| Gender: | Date of Birth: (DD/MM/YY) | |
| Address: | | |
| Postcode: | | |
| Mobile Number: | Daytime Tel no: | Evening Tel no: |

| | | |
|-------------------------|---------------------------|--|
| | | |
| Email Address: | | |
| Emergency Contact Name: | Emergency Contact Tel No: | |

| Participant's Medical Information | |
|---|--|
| Has the Participant ever had or currently have any of the following? | |
| Heart problems of any kind? | |
| High blood pressure? | |
| Recurrent back problems or surgery | |
| Epilepsy, seizures, convulsions or medications to prevent them? | |
| Asthma, wheezing when breathing or wheezing with exercise? | |
| Diabetes? | |
| Any arm or leg problems? | |
| Is the Participant pregnant? | |
| Medically recognised disability | |
| Do they take either prescription/non-prescription drugs? | |
| Do they suffer from any food allergies? | |
| Do they suffer from any other disability | |
| Any other medical conditions that We should be aware of? | |
| If You have answered yes to any of the above then please give further details: | |
| | |
| Any Participant with an asthmatic condition must have their inhaler available during the Activities at all times. | |
| Please provide any further details about the Participant that you think might be important that We should know about including Special Educational Needs, food allergies or disabilities: | |
| | |
| Doctor's surgery: | |
| | |

We may take photos or video footage of the Participant for future marketing:
If this is not acceptable please tick this box:

If provided, Your email address may be added to Our mailing list to keep You in touch with events and promotions at LOPC: If this is not acceptable please tick this box:

The Activities which we provide carry an element of risk of injury or death. By signing this Consent Form, You accept that risk on behalf of You or the Participant.

For air rifle shooting activities, I confirm that I am happy for the Participant listed to participate and that they are not prohibited from air rifle shooting by section 21 of the Firearms Act 1968.

By signing this Consent Form You confirm and agree:

- that You are aged 18 or over and, if applicable, are the parent or legal guardian of any Young Person on behalf of whom You have signed this Consent Form or are the person legally responsible for the vulnerable adult on behalf of whom You have signed this Consent Form;
- that You have declared all the pre-existing medical conditions for the Participant listed on this Consent Form;

- that We can give emergency treatment or administer personal medication in the event of an accident or emergency;
- that We can use personal data in accordance with the Terms and Conditions; and
- that the information provided by You in this Consent Form is accurate.

| | |
|---------------------------------------|---|
| Name of Adult completing Form: | |
| Date: (DD/MM/YY) | Signature: typing your name in this box constitutes a legal signature |