

07 November 2011

Dear Parent

CCF Adventure Training Camp 30 March - 5 April 2012

The CCF is running an Adventure Training Camp involving 6 days of multi activities, based in Cornwall at RAF St Mawgan and on Dartmoor. The provisional itinerary is as follows:

30 March	Depart PGS at 1600 and travel to RAF St Mawgan.
31 March	Climbing
01 April	Coasteering
02 April	Canoeing
03 April	Surfing
4-5 April	Overnight expedition on Dartmoor

The activities are designed to be challenging as well as highly enjoyable and the camp is therefore open to cadets in Years 10 – 13. All activities are supervised by qualified staff and pre-training and planning for the expedition will take place during routine CCF time on Mondays.

The cost of the trip will be £200 which will include all transport, food, accommodation, insurance and activities. The pupils will need a packed meal on the first day for the drive down and spending money to purchase some food on the return journey.

We can take a maximum of 30 cadets. Please complete the attached form to request a place for your child and return it with a cheque payable to “The Portsmouth Grammar School CCF” by Monday 5 December 2011. If your child is unsuccessful in gaining a place the cheque will be returned. Please feel free to contact me if you would like to make any other payment arrangements.

I attach an equipment list which should be self- explanatory, but please feel free to contact me if you have any queries or would like some advice on equipment. There will also be a parents information evening next term.

Yours sincerely

John Baker TD
Head of Outdoor Pursuits



To: Mr John Baker, The Portsmouth Grammar School, High Street, Portsmouth PO1 2LN

CCF Adventure Training Camp 30 March - 5 April 2012

Name _____ Year _____

I am happy for my son/daughter to attend the training camp. I enclose a cheque for £200 made payable to PGS CCF

Signed _____ Date _____
(Parent/Guardian)

Parental Consent and Information Form

This completed consent/information form must be with the Trip Leader by the date specified in the covering letter, otherwise the pupil will be unable to be included in the party.

Title of Trip:	CCF Adventure Training Camp	Date:	30 March - 5 April 2012
Pupil Details			
Pupil's full name:		Date of birth:	
Home address and contact address (if different):			
In an emergency I can be contacted as follows:	Home Tel:		Work Tel:
	Mobile:		email
If not available, please contact the following person:		Tel:	

Medical Information: Please tick Yes or No for each question and give details for each 'Yes'			
Does your child:	NO	YES	DETAILS
suffer from any allergy to food, medication, fur, bee sting etc.?			
currently receive treatment for or take any medication for or suffer from any medical condition?			
carry an inhaler, epipen, insulin kit or other? If yes, please ensure that a second labelled inhaler, epipen etc. is given to the Trip Leader for safe keeping.			
have any special dietary requirements?			
suffer from vertigo (fear of heights)?			
suffer from travel or motion sickness?			
Is there any physical activity your child may not participate in?			

Please Turnover

		NO	YES	DETAILS
Has your child had any recent illness or injury? If yes, please give details of what and when.				
Has your child had a tetanus injection in the last 10 years?				
Contact details for doctor: Name:	Address:		Tel:	
Please add any additional information you may consider the school should know. Please feel free to contact the Trip Leader if you would like to discuss particular needs more fully.				
Please ensure that you inform the Trip Leader of any changes to this information before the start of the trip.				
Conduct during the Trip				
<p>Pupils are expected to obey instructions given by the staff of any establishment visited, and activity instructors, as well as teachers. Normal school rules apply. In the very unlikely event that a pupil fails to comply, staff reserve the right to remove a pupil from a trip and make arrangements for their return home at parents' expense. In this situation no refund of trip fees would be payable.</p> <p>Pupils are expected to take responsibility of all belongings, especially valuables, in accordance with arrangements specific to the trip. These are not covered by the school insurance policy.</p>				
Consent Declaration				
<p>I, being the parent/guardian of the child named at the head of this form, give consent for him/her to attend the proposed activity.</p> <p>I have read and understood the expected code of conduct and agree that my son or daughter will abide by these instructions.</p> <p>I realise that in some cases the activities offered have some risk involved which may be of a type not encountered during normal life and that this risk whilst small, cannot be eliminated without making the activity pointless. Portsmouth Grammar School has done its utmost to minimise and manage these risks.</p> <p>I give consent for him/her to receive emergency medical treatment, including anaesthetic and/or blood transfusion, as considered necessary by any medical doctor present, should the need arise. I have informed the school of all medical conditions or treatments that he/she suffers from or requires to maintain health. I agree to inform the group leader of any change in medical condition.</p> <p>I am aware that the school has a detailed policy on the safe running of educational visits, which can be viewed on the school website.</p> <p>Name: _____</p> <p>Signature and date: _____</p> <p>Relationship to child: _____</p> <p>Please return the signed form to the Trip Leader</p>				