



May 2019

For All Year 9 Students – Final Details and Consent Forms

Dear Parent/Guardian,

YEAR 9 DOVER SUMMER SCHOOL 2019 - FINAL DETAILS

Week 1: Monday 24th to Friday 28th June (9A, 9B, 9C, 9D)

Week 2: Monday 1st to Friday 5th July (9W, 9X, 9Y & 9Z)

I am very pleased with the number of Year 9s who have been enrolled on the Dover Summer Camp and that many families have completed their payments through the sQuid system. There are still a number of payments to be made across the year group and I would like to remind those who have yet to pay the balance that the **deadline was 10th May 2019** as detailed in my November letter. If you are not using sQuid to make payments, cheques or cash should be clearly marked with student's name, form and Dover Summer Camp and handed to the school's reception. It is important that payments are made as soon as possible as accommodation, transport and activities have now been confirmed and deposits paid.

Consent Forms

There are **two** other forms included in this pack that need to be completed for all students who are attending the Dover Camp, these are consent forms for all activities and an external provider form for horse riding. If the forms are not completed and returned to the school's reception then participation in the activities will not be possible.

General Arrangements

Students should register at the normal time on the appropriate Monday morning in their form rooms. We request that parents do not drive down Hawksbrook Lane to drop off the students. Students may wear casual clothes and should **bring a packed lunch**. They will travel to Dover by minibus or coach, leaving at 9:00 am. A kit list is included below. The accommodation will be in a campsite run by Kent County Council Youth and Community Service at Kearsney near Dover. The site has excellent permanent facilities, marquees and large ridge tents. There is extensive space for recreation. Catering will be organised centrally, the first meal being on Monday evening (please inform me if there are any special dietary needs that we need to be aware of).

Each day the students will have organised activities in the morning, afternoon and evening. They will be divided into groups of roughly 13 and a member of staff will be responsible for each group. Activities will include visits to Dover Castle and Port Lympne Wild Animal Park. Other activities will include: archery, assault course training, cooking, cycling, horse riding, orienteering, sailing, sporting events, swimming and being a passenger in a speedboat; plus a spell on catering duty! Please note that some activities listed are run by external providers with qualified staff. Remote supervision is used for some activities where a member of Langley staff will be at a base location whilst students are participating. Students will have limited time in Dover town centre where they will be remotely supervised by Langley staff.

The return journey will be made on Friday afternoon and boys should be collected from school at approximately 2.00 pm.

Parent Meeting – Monday 10th June

I would like to invite you to a short meeting, **starting at 7pm** in the main performance hall, where I will run through in more detail arrangements for the trip. I will also be available to answer any questions that you may have at the end of the meeting. This should not last more than 30 minutes.

Pocket Money

We will run a tuck shop on the site but otherwise there will be limited opportunities to spend money. The cost of all organised activities is included in the price of the trip. Students should not bring more than £20 pocket money (**4 x £5 notes**), which must be deposited with the member of staff in charge of each group.

Kit List

Boys will require ordinary casual clothes, sufficient for four days, plus:

- Track suit or old clothes suitable for sport, etc
- Sleeping bag, pillow and a sleeping mat
- Towel, soap, toothpaste and toothbrush
- Plastic dinner plate, pudding bowl, mug and tea towel
- Lunchbox, drink container and a bag to carry them
- Sun cream and insect repellent
- Wrist watch (not expensive!) so pupils know the time!
- Swimming shorts
- Waterproofs
- Knife, fork and spoon
- Two pairs of trainers – one pair will get wet.
- Bin liners for wet clothes

What not to Bring

Please do not use a hard suitcase for your son's travel bag, there is limited space on the coaches and minibuses. The school request that all students **do not bring any mobile phones**, smart watches or any other handheld/media/games/communication electronics. There is a high risk of items becoming lost or damaged as students are camping. There is no access to electrical sockets for students and any loss or damage to students' personal possessions will not be covered under the school's insurance in any way and therefore the school will not be responsible for any such losses.

Emergency Contact

Please supply telephone number(s) where you may be contacted during the week. Parents/guardians who need to contact boys (**in an emergency only**) may telephone the staff at the campsite on the school's mobile phone 07860268006.

Medical

A member of staff will be in charge of medical concerns and boys should under no circumstances attempt self-medication. Consent to this trip implies consent to your son receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by a medical professional. If a child has had an accident, the parents/guardians will be contacted as able.

Please inform me separately and in writing if any medication is required, or if any medical condition is liable to affect your son during the course of the week. Please address your e-mail to Mr A Falconer with the subject line of Dover 2019 (send to Afalconer@lpsb.org.uk)

Swimming

For the purpose of water sports, it is recommended that every participant can swim at least 50 metres in light clothing. A swimming consent form is part of this pack; please indicate on this form if your son can swim. If your son is not a keen swimmer then this is not a problem. All students will be given buoyancy aids and there will be a number of safety boats on the water.

Conduct

It must be emphasised that the usual high standards of behaviour expected from students in school will apply throughout their stay in Dover. Any student in breach of discipline is liable to be withdrawn from activities and also be required to return home, in which case you will need to arrange transport for your son.

For any queries please contact Christine Harrison at office@lpsb.org.uk.

Yours faithfully,

MR A FALCONER

Parent/Guardian Consent Form – Dover Summer Camp Activities

1	<p>Details of student: I agree to, Name _____ in Form _____, taking part in school trips and having read the information provided, agree to him taking part in the activities described.</p>														
2	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Swimming ability: [Please tick as appropriate]</th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Is your child able to swim 50 metres unaided?</td> <td></td> <td></td> </tr> <tr> <td>Is your child water confident in a swimming pool?</td> <td></td> <td></td> </tr> <tr> <td>Is your child confident in the sea?</td> <td></td> <td></td> </tr> </tbody> </table>			Swimming ability: [Please tick as appropriate]	Yes	No	Is your child able to swim 50 metres unaided?			Is your child water confident in a swimming pool?			Is your child confident in the sea?		
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3	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Cycling ability: [Please tick as appropriate]</th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Is your child a confident cyclist?</td> <td></td> <td></td> </tr> <tr> <td>Is your child confident cycling in woodland?</td> <td></td> <td></td> </tr> </tbody> </table>			Cycling ability: [Please tick as appropriate]	Yes	No	Is your child a confident cyclist?			Is your child confident cycling in woodland?					
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4	<p>Consent to other activities: A range of activities will be offered to the students on this trip including but not limited to: archery, assault course training, cooking, cycling, horse riding, orienteering, sailing, sporting events, swimming and being a passenger in a speedboat. To give consent for your son to take part in all of the listed activities and to attend the trip please sign and date Section 6. Please note that some activities listed are run by external providers with qualified staff. Remote supervision is used for some activities where a member of Langley staff will be at a base location whilst students are participating. Students will have limited time in Dover town centre where they will be remotely supervised by Langley staff.</p>														
5	<p>Declaration: I confirm that my child is in good health and consider him fit to participate in all activities on this school trip.</p> <p>I understand that consent does not remove the need for the group leader to ascertain for themselves the level of the pupil's swimming ability.</p> <p>Declaration: I agree to my son receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical professionals. If a child has had an accident, the parents/guardian will be contacted as able. I understand the extent and limitations of the insurance cover provided.</p>														
6	<p>Signature of consent: [Parent/Guardian]*</p>		<p>Date:</p>												
	<p>Please print name in full:</p>														

Parent Meeting – Monday 10th June

I would like to invite you to a short meeting, **starting at 7pm** in the main performance hall, where I will run through in more detail arrangements for the trip. I will also be available to answer any questions that you may have at the end of the meeting. This should not last more than 30 minutes.

I/we* will attend the parent meeting Yes / No*

*Delete as appropriate

Once completed please hand in at the school's reception desk

Rider Registration Form

Name

Address

Post Code

Tel (Home): Mobile:

Date of Birth: Weight:

Height:

Have you (or the person you are signing for) ever suffered a serious injury or discomfort whilst riding?

Yes

No

If yes, please describe

Please detail ANY disability or medical conditions that may affect your ability to ride or which your instructor should be made aware of in case of emergency (e.g back problems, diabetes)

Contact details in case of emergency

Name: Tel No:

Riding Ability – you MUST tick all boxes that apply

I consider myself (or the person you are signing on behalf as a minor) to be a:

Beginner Novice Intermediate Advanced

How many times have you had riding lessons in the last 12 months?

None Less than 5 5 to 10 10 +

What do you believe yours or the person riding capabilities on an average horse or pony to be?

Riding at a walk Trotting with stirrups Trotting without stirrups

Cantering Galloping Riding X country jumps

Riding over jumps up to 0.5m (18") Riding over jumps up to 0.75m (30")

Declaration

Personal Details – Please complete all sections and boxes

I understand that the information I have given will be held in accordance with the data protection act 1998 but also be made available to insurers and other concerned parties in the event of any injury or accident. **I act knowledge THAT RIDING IS A RISK SPORT AND HOLD POTENTIAL DANGER, and all forces may react unpredictably on occasions.** I understand I must obey the instructions of the ride escort or instructor. I reserve the right not to ride a horse allocated to me (or my child) and or request to change in instructor.

I confirmed to the best of my knowledge all details are correct. **A parent or guardian of riders under the age of 16 must sign this form.**

If signing on behalf of a writer please state relationship:

Signature:

Date:

Print Name:

OFFICE USE ONLY

To be completed by instructor/supervisor on behalf of the equestrian establishment. I have assessed this person and agree with their judgment of their capabilities or have amended accordingly.

Signature:

Date:

Print Name:



Acknowledgement of risk acceptance form to participate in MY/PT Obstacle Course

Please read this form carefully and only complete it should you wish to be bound by its terms

Date of party: ...Langley Park School for Boys Dover Trip June / July 2019

Name of participant:

DOB:

Address:

.....

Name of Emergency Contact:

Emergency Contact No.:

Please state any known health problems:

.....

Acceptance of Risk

I understand that participation in activities with MY/PT involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I accept that MY/PT's Obstacle Course is a physical activity which has inherent risks associated with it these include but are not limited to: tree roots sharp objects, holes, burrows, trip hazards, barricades, raised platforms, walkways, mud, loose /soil /grounding, stagnant water, insect activity etc., while MY/PT take precautions to minimise the risk of injury occurring, **I accept the risk by signing this form that the possibility of injury exists and that MY/PT accepts no responsibility whatsoever for any loss or injury resulting from a participants involvement in MY/PT activities that were not reasonably foreseeable on the date of attendance by MY/PT Staff or Volunteers. Furthermore it is understood and agreed that individuals participate at their own risk.**

For participants under the age of 16 years old a parent / guardian is required to accept the associated risks on their behalf and sign this form.

I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct (including all reasonable requests of marshalling staff, and taking care of the equipment loaned). I also accept that the division of participants into teams is at the discretion of MY/PT staff.

We recommend that participants wear appropriate footwear which provides ankle support and that old clothes are worn as the risk of damage to clothing exists and MY/PT cannot be held responsible for damage to clothing or footwear.

(Please see the disclaimer overleaf)



Disclaimer

- I understand that all activities undertaken at MY/PT Betteshanger Park are physically and mentally challenging and there is risk involved. This includes but is not limited to water based and other obstacles, surface, trip, slip and eye hazards, and a risk of falling from height.
- Although the MY/PT training facilities has strict safety standards and is risk assessed, the risk of serious injury or death cannot be totally eliminated. Therefore I understand that participation in activities and the use of facilities at MY/PT is entirely at my own risk. Furthermore I understand it is my responsibility to only attempt an obstacle if it's safe to do so and is within my capabilities.
- I am fit and well and not on any medication that would impede me taking part in the activity. If I am I have sought medical advice from my doctor before taking part and made MY/PT aware.
- I will comply with all instructions given to me by the Instructors, organisers, employees and volunteers of MY/PT. I will use all equipment correctly and as directed so as not to hurt or injure anyone.
- I understand that MY/PT reserves the right to cancel or modify any activity or booking if MY/PT feels such conditions would otherwise create an unsafe environment.
- I agree that MY/PT are not responsible for any personal items or property that is lost or stolen at MY/PT.
- I understand that MY/PT takes no liability or responsibility for any mistakes, errors or inaccuracies made by participants where full instruction has been previously provided.
- Parents / Guardians: If you wish to bring additional guests i.e. family members, colleagues or children along to watch the activity it is hereby agreed that you will be fully responsible for their care and supervision at all times. If they have not paid to participate within the activity they are not to use any of the obstacles or trails.
- In the event of an emergency I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the instructor in charge to secure proper treatment, including hospitalization, anaesthesia, surgery, or injections to administer medication to me.
- I release MY/PT, the landowner, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Statement and release

I Accept the risks associated as described and am happy to participate in MY/PT's Obstacle Course / activities or I sign on behalf of my son / daughter / child in my care to take part.

Name:

Signature:

Date: