



# Midhurst Rother College

The best in everyone™

Part of United Learning

23 January 2019

Dear Parent/Carer

## **Dry Slope Skiing, 8 February 2019 – Alpine Snowsports Centre, Southampton 2019**

In preparation for the February 2019 ski trip, Midhurst Rother College is offering students the opportunity to practice their ski skills on a dry slope in Southampton. The trip begins and ends at Midhurst Rother College and the students will be travelling by College mini buses. This trip is limited to 30 students, so spaces will be allocated on a first come, first serve basis.

### **Timings - Friday 8 February 2019**

12.50 pm	meet in Sports Hall
1 00 pm	depart Midhurst Rother College
2 00 pm	arrive Southampton Alpine Snowsports
2.15 pm	prepare for lesson
2.30-4 00 pm	small group skiing lessons
4.15 pm	depart Southampton Alpine Snowsports
5.30 pm	return to College

### **Costs**

The cost of the trip is **£18**, fully inclusive of transportation, ski lesson and ski equipment.

### **Clothing and essential equipment**

To participate, students must wear **long trousers, long sleeves and gloves**. Please do not wear ski clothes as the materials used on the dry slopes are rougher than real snow and may damage them. Knee length socks (ski socks) are recommended for your comfort. Finally, students are also advised to bring plenty of water and snacks as skiing is a physically demanding sport.

We aim to return to College for 5:30pm; however, the journey time is variable due to traffic, so please arrange appropriate transport for your child to return home.

If your son or daughter would like to participate, please return the consent slip, the attached medical consent form and payment no later than Tuesday 29 January 2019. Please pay for the trip via the online payment system using the following link: <https://www.scopay.com/midhurst?redirect=true>. If you require support with the online process please contact Louise Stone or Robyn Davidson in our finance department at [Finance@mrc-academy.org](mailto:Finance@mrc-academy.org). If you do not have access to the internet please make cheques payable to 'Midhurst Rother College'.

Finally, it is essential that all students understand they represent the College, so they must adhere to Midhurst Rother College's behaviour policy and values inside and outside the College building.

**Principal: Stuart Edwards**

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In the event the trip is oversubscribed, we will alert you as soon as possible. Please contact me should you have further questions: [caroline.reid@mrc-acdemy.org](mailto:caroline.reid@mrc-acdemy.org).

Yours sincerely,



Miss Caroline Reid  
Teacher of PE

✂-----

**Consent slip**

Trip title: **Dry Slope Skiing Southampton**      Trip Leader: Miss Reid  
Date of trip: **Friday 8 February 2019**

**Please reserve a place on the Dry Slope Skiing, 8 February 2019, for my son / daughter.**

Name of Student: ..... Tutor Group:.....

I have made a payment of £18 through the cashless system     Please tick

Arrangements for students on their return to College following the trip:  
***(please check or complete)***

***My son/daughter...***

- Will be collected from Midhurst Rother College at approximately 5:30 pm**
- Will be going home with another student** *please name student*

\_\_\_\_\_

- Other arrangements** *please specify the detail*

\_\_\_\_\_

Name of parent/carer: .....Contact Tel: .....

Signed: ..... Date: .....

Please return this slip to Mrs Fowler at Student Reception by Tuesday 29 January 2019 along with the medical consent form. Thank you.

If the trip is oversubscribed, you will be contacted to confirm whether your child has secured a place.

**PARENT'S CONSENT AND MEDICAL FORM  
RESIDENTIAL/ HAZARDOUS TRIPS**

<b>Trip to:</b>	<b>Alpine Snowsports Centre, Southampton 2019</b>
<b>From (date/time):</b>	<b>8 February 2019 12.50 pm</b>
<b>Until (date/time):</b>	<b>8 February 2019 17.30 pm</b>
<b>Cost</b>	<b>£18</b>
<b>Party leader/department</b>	<b>Miss Caroline Reid, Teacher of PE</b>

<b>CONTACT INFORMATION</b>		<b>DOCTOR'S DETAILS</b>	
<b>Student name</b>		<b>Name of doctor</b>	
<b>Date of birth</b>		<b>Doctor's address</b>	
<b>Student mobile no</b>			
<b>Full home address</b>		<b>Doctor's telephone number</b>	
<b>Emergency contact numbers during trip</b>			

<b>MEDICAL INFORMATION/CONSENT– please answer the questions and sign below:</b>		
<b>Has your son/daughter had any of the following:</b>	<b>Y/N</b>	<b>If the answer to any of these questions is yes please give details(or attach on a separate sheet)</b>
<b>Asthma or bronchitis?</b>	Y/N	
<b>Heart Condition?</b>	Y/N	
<b>Fits/fainting/blackouts?</b>	Y/N	
<b>Severe headaches?</b>	Y/N	
<b>Diabetes?</b>	Y/N	
<b>Allergies to any medications?</b>	Y/N	
<b>Any other allergies?</b>	Y/N	
<b>Recent contact with contagious diseases/infections?</b>	Y/N	
<b>Other illness or disability including any current medical treatment?</b>	Y/N	
<b>Specific medical advice to follow in emergencies?</b>	Y/N	
<b>Special dietary requirements?</b>	Y/N	
<b>Prone to travel sickness?</b>	Y/N	
<b>Has your child been vaccinated against tetanus in the last 10 years?</b>	Y/N	
<b>Is your child currently having any medical treatment/taking medication (please provide full details)</b>	Y/N	
<b>I consent to any emergency medical treatment necessary during the course of the visit</b>		<b>SIGNED: <span style="float: right;">Parent/Guardian</span></b>



INFORMATION FOR OVERSEAS TRIPS	
Passport number:	
Passport expiry date:	
Passport issued at:	
European Health Insurance Card number (EHIC):	

**PARENTAL AGREEMENT – please read and sign below**

**Transport**

I consent to the student travelling by any form of public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorized by law and duly insured to drive.

**Health**

I certify that to the best of my knowledge and belief the student is in good health and (if applicable) has received all necessary inoculations. I am aware of no reason on medical grounds why the student should not be a member of the party for this trip.

**Passport etc (for foreign visits only)**

I certify that the student has a current passport and (if applicable) all necessary visa and satisfies the entry requirements of the country to be visited, and requirements for readmission to the United Kingdom.

**Accident/Illness**

I consent to the student receiving medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

**Remotely supervised time (senior College only)**

I consent to the student having remotely supervised time in the daytime in a group of students with the prior permission of the party leader

**Personal effects of the student**

I acknowledge that the student will be responsible for the safety of his/her own money and personal effects. I will not hold the College responsible for losses unless caused by the negligence of the College.

**Swimming and other activities**

I certify that the Student \*is/is not a competent swimmer. (Please delete one **and initial**)

I agree to the student taking part in any/all of the activities (where applicable) contemplated as listed in the visit programme, except for the following:

(N.B. all additions, deletions or amendments to entries in this box must be initialled by the parent)

**Insurance**

I understand the extent and limitations of the insurance cover provided, and know of no information that may affect the insurance.

**Signature of Parents/Carers**

*I, the undersigned who have parental responsibility for the above named student have completed the information requested above and overleaf. I have read and understood and I consent to the matters set out above and overleaf.*

I agree to inform the College as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey.

**SIGNED:**

**(Parent/Carer)**

**Student agreement**

I the above named student agree to observe the code of conduct for visits. I will do my best to ensure the safety of myself and other members of any party. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the College.

**SIGNED:**

**(Student)**

Midhurst Rother College will collect and hold information on this form for administrative purposes only. We hold this information for no longer than is necessary, usually the duration of the trip.

We confirm that once the trip has been completed this document will be destroyed securely, unless there was an incident during the trip.

The data controller for personal information held by the Group Academies is United Learning Trust (ULT). ULT is registered with the ICO under registration number Z7415170. The Company secretary, Steve Whiffen, is responsible for ensuring that the Group complies with the Data Protection Law. He can be contacted on [company.secretary@unitedlearning.org.uk](mailto:company.secretary@unitedlearning.org.uk) or 01832 864538.

The College's full privacy notice is accessible via the College's website [www.mrc-academy.org](http://www.mrc-academy.org)