



**Midhurst Rother College**

The best in everyone™

Part of United Learning

3 October 2018

Dear Parent/Carer

**Extra-Curricular - Legacy Cheerleading Competition (Saturday 23 February 2019)**

I am delighted to offer your son/daughter the opportunity to perform in a national cheerleading competition this academic year. The team will be attending 'Legacy – Alpha & Omega' at the Copper Box Arena, Queen Elizabeth Olympic Park, London.

The students will be transported via coach from the College and it will be an all-day event staffed by myself and Mrs Alex Beech. We will be leaving the College at approximately 6.00am and returning at 7.00pm, however a full itinerary for the day will be available in January and timings are subject to change. All students will need to bring food, drink and spending money for the day. Spectator tickets will be available on the door for £20 per person.

The cost for the event will be £30 to cover transport and insurance. To secure your son/daughter's place on the team, please return the slip attached and the medical form by Friday 12 October. I will be entering individuals on Friday 12 October and so will need a response ASAP confirming that you consent to your e-mail address being shared with Legacy. They can then send a Health and Safety waiver directly to you.

Please pay the transport cost of £30 by Friday 7 December. 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 our finance department at; [louise.stone@mrc-academy.org](mailto:louise.stone@mrc-academy.org) or [Katherine.Chard@mrc-academy.org](mailto:Katherine.Chard@mrc-academy.org). If you do not have access to the internet please make cheques payable to 'Midhurst Rother College'.

If you are unable to contribute, you are invited to contact me in confidence so that suitable arrangements can be made to cover the cost of your son/daughter's participation.

Should you have any questions, please feel free to contact me.

Yours sincerely

Mrs K Norcross  
Deputy Director of Science/L3 qualified cheerleading coach



**Principal: Stuart Edwards**

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**Consent slip**

Trip title: **Legacy Cheerleading Competition** Trip Leader: Mrs K Norcross

Date of trip: Saturday 23 February 2019

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

I have made a payment through the cashless system  Please tick

I consent to Midhurst Rother College passing on my personal data (e-mail address only) to Legacy Cheer and Dance  Please tick

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

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

Please return this slip to Mrs Fowler at Student Reception by **12 October 2018** along with the parental consent form. Thank you.



**PARENT'S CONSENT  
AND MEDICAL FORM  
SHORT TRIPS**

<b>Trip to:</b>	<b>Cheerleading competition – London 2019</b>
<b>From (date/time):</b>	<b>Saturday 23 February 2019</b>
<b>Until (date/time):</b>	<b>All day</b>
<b>Cost</b>	<b>£30</b>
<b>Party leader/department</b>	<b>Mrs K Norcross – Sport &amp; Performance</b>

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

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



**PARENT'S CONSENT  
AND MEDICAL FORM  
SHORT TRIPS**

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

**Transport**

I consent to the pupil 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.

**Accident/illness**

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

**Personal effects of the pupil**

I acknowledge that the pupil 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.

**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/guardians**

I, the undersigned who have parental responsibility for the above named pupil 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)