



YEAR 8 - OUTDOOR CHALLENGE 2016

Sunday 26th June to Saturday 2nd July (Activities Week+)

During Activities Week, boys in Year 8 have the opportunity to enjoy an Outdoor Challenge Course in Wales and the Forest of Dean. This is the tenth year the trip has run, and over 500 boys have taken part.

You will be staying in tents at Botany Bay Scout Centre, Tintern, Monmouth, Monmouthshire. We have the run of the whole 22 acre site, including the hall where we set you up for the day with a hearty breakfast. Most evenings, you cook for yourselves, whether that's a masterchef competition, DofE-style meals, or cooking mackerel and stuffed bananas in the embers of a campfire.

A range of activities will be provided, including:

- Canoeing – paddle along the Wye, then construct an overnight bivouac at the riverside, continuing your journey in the morning
- Mountain biking – a full day on challenging trails around the Forest of Dean
- Hillwalking with a summit picnic
- Climbing/caving day – cave exploration, traverses, climbing and descents. There are further opportunities for caving in Year 9 onwards for veterans of this trip.
- Open air swimming at one of the most relaxed pools in the country
- Night wide game and bivouacing

The course is being run by Outspark, which also runs Duke of Edinburgh expeditions for SGS. Many boys went on our May Day Stay Away last year, and the Outdoor Challenge is a step up from that in challenge and the independence the boys develop. We'll be supported by school staff and by specialist instructors.

While it's the adventurous activities that attract attention, the greatest benefits are the team-building and development of independence and confidence that are woven into the whole course. Ask any of the boys who went last year, or Messrs Denton, Assadian, Davis, Storey, Vines, Marshall or Miss Richardson who have all been on the trip. They'll be able to tell you more.

The cost is £375. Following last year's experiment with a single, larger trip, we now go for six nights rather than four or five in order to fit in two extra days of activities. Consent forms should be brought to the school office and the deposit of £100 or full payment made by Parent Pay. The trip can be funded through the Pupil Premium for those who have been notified that you are eligible.

We can only be sure of offering 60 places on the trip, though we'll do our best to secure extra minibuses if there is demand. Places will be allocated in the order that consent forms and deposits are received.

Necessary equipment such as sleeping bags or roll mats can be borrowed and tents will be provided, so this is an all-inclusive price.

Parents are welcome to ring Dan Biddle on 07892 710632 or to email dan@outspark.co.uk. All instructors will be specialists with appropriate qualifications and experience. Copies of the company's insurance policy are available on request. Information about the trip is available at www.outspark.co.uk/challenge

SCHOOL JOURNEY INSURANCE

Guidance notes for Parents/Guardian

These notes set out in general terms the insurance cover arranged by the School for pupils participating in school visits.

- third party cover for any legal liability arising out of claims made by parents for injury to pupils arising out of acts by teachers, adult helpers or other pupils,
- cover as above in respect of claims made by an independent third party,
- personal accident insurance compensation as follows:

death.....	£7,500
loss of one or more hands, feet or eyesight.....	£100,000
permanent total disablement other than the above	£100,000
permanent partial disablement.....	up to £60,000
- expenses in connection with accidents:
 - medical expenses because of accident or illness (excluding excess -£15)
 - additional expenses for transporting sick/injured back to Great Britain
 - expenses of transporting body/ashes back to Great Britain
 - return travel and board costs for parents or close relative visiting an insured person who is detained in hospital after the rest of the school party has returned home
 - funeral expenses

Limit - £1,000,000 per person

- unexpected extra costs in connection with:
 - cancellation, delay in commencement, curtailment (proportionately only) or extension of the visit, caused by fortuitous and unavoidable events (excluding excess - £15)

Limit - £1,000 per person

- personal effects and money; any losses must be reported to the police within twenty four (24) hours (excluding excess - £15). There are also a number of exceptions.

Limit - £1,500 per person



SUTTON GRAMMAR SCHOOL OUTDOOR CHALLENGE 2016 - MEDICAL, DIETARY AND CONSENT FORM

PARTICIPANT'S NAME _____ **FORM** _____

I have paid by Parent Pay the deposit of £100/full payment of £375/eligible for Pupil Premium funding. (Delete as applicable).

The Organisers of the programme are Outspark Ltd and Sutton Grammar School. I understand that alterations to the arrangements may be necessary.

I have explained to my child that he/she must obey the instructions of the Organisers.

The Organisers are not responsible for any loss or damage to my child's property.

I agree to pay for any damage caused by my child to the person or property of any other party. I indemnify the Organisers of the visit in respect of any reasonable expenses incurred due to any accident or illness of my child.

I understand that once enrolled on the programme, expenses will be incurred on my child's behalf and it may be necessary to pay the full cost of the programme even if he withdraws from it. I understand that the Organisers may use photos, audio or video footage including my child for publicity and training purposes unless I have requested in writing that my child should be excluded from such.

I have received a copy of "School Journey Insurance-Guidance Notes for the Parents/Guardians" setting out the brief details of the insurance cover provided by the governing body and understand that I may take additional cover by making my own arrangements.

The Organisers will act in loco parentis. This means that in the case of accident or illness, the Organisers may take medical decisions on my behalf.

My child is in good health and I consider him/her fit to participate in all activities.

I accept that outdoor activities carry inherent risks and that my child has to assume responsibility for his own safety.

Declaration:

I have read and agree to all the statements above.

I have filled out the emergency contact details on the back of this form.

I have given information about any dietary needs and medical conditions on the back of this form.

I will update the organisers about any changes to the contact, medical or dietary information during the programme.

I agree to my child taking part in all the activities, including swimming under supervision if the programme permits

Signed _____ **(Parent or guardian)**

Date _____

MEDICAL INFORMATION

Please answer all questions. Please include any long-term conditions such as asthma or diabetes, even if they are currently well managed and cause you no problems.

Have you in the last 5 years had:

YES/NO Asthma/shortness of breath

YES/NO Diabetes

YES/NO Epilepsy, convulsions, fits or blackouts

YES/NO Mental health problems or anxiety

YES/NO Back problems

YES/NO High blood pressure/ heart problems

YES/NO Any other medical condition requiring a doctor's care

YES/NO Are you currently undergoing any medical investigations or suffering from any currently undiagnosed symptoms?

YES/NO Have you ever been admitted to hospital or suffered any major accident or illness?

YES/NO Do you take any medicines regularly?

ALLERGIES

YES/NO Penicillin or any other antibiotic

YES/NO Plaster/ elastoplast etc

YES/NO Any immunizations / other drugs

YES/NO Food (especially peanuts)

DIETARY INFORMATION

Does your diet require you to avoid:

YES/NO Beef

YES/NO Pork

YES/NO All meat

YES/NO Anything else

YES/NO Fish

YES/NO Other? (Please give details)

If you have answered "YES" to any of these questions, please give details in the box. Continue on a separate sheet if necessary.

EMERGENCY CONTACT DETAILS

Home Address

Main Contact _____

Relationship to participant _____

Landline _____

Mobile _____

Email _____

2nd Contact (Optional) _____

Relationship to participant _____

Landline _____

Mobile _____

Email _____

Participant Mobile (Optional) _____

Participant Email (Optional) _____

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS, PLEASE GIVE DETAILS