



Bishop Wordsworth's School

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Head Master: Dr S D Smallwood BSc (Hons) PhD NPQH

7 September 2016

Dear Parents

Bishop's Sailing Club starts next week and we will be again running a six week course. I would like to run one or two Royal Yachting Association Stage 1 (RYA1) courses. Each course can take 8 boys and I can accommodate 16 boys in the minibus.

The course starts on Tuesday 13 September and the cost will be £50 for the training plus an extra £6 for the log and certification, making a total of £56. Please complete and return the consent form and make cheques payable to 'Bishop Wordsworth's School' and get them DIRECTLY to me (you can find me in the small RS office up the left-hand stairs in Chapel Block), along with the completed consent form, this week. Please don't put them in the safe or give them to another member of staff - first come, first served! I will put up a list of the successful applicants on the Chapel Block notice board by Friday 9 September.

The Sailing Club is at Blashford Lakes under the auspices of The Spinnaker Club. The courses will be taught by their fully qualified instructors. The courses are always held on a Tuesday evening. We leave BWS at 4 pm (please ensure your son is ready by the vehicle at that time) in one of the school mini-buses and return to school about 6:30 pm (please ensure your son has the means of getting home at this time), giving us about 90 minutes of sailing and instruction.

The 6 dates for this half-term will be September 13, 20, 27 and October 7, 11, 18 – all Tuesdays apart from Friday 7 October.

If your son gains a place please ensure he has the basic clothing and items needed:

- 1 Change of clothes (track suit bottoms are ideal or shorts in the warmer weather)
- 2 Old Trainers (not Flip-Flops)
- 3 Towel
- 4 Plastic bag for any wet clothes
- 5 Head protection and sun block in the warmer weather
- 6 Something to drink
- 7 Any necessary medication (inhalers etc)
- 8 A wet suit if you have one (about half the boys had one last time)

Buoyancy Aids are provided by the Club.

Yours sincerely

Jeremy Browning
Sailing Club Co-ordinator

Spinnaker Club

STUDENT CONSENT FORM (for participants under 18 years)

School/College.....Dates of Course.....

Activities

Name..... Male/Female.....Date of Birth.....Age.....

Home Address

.....

Post Code.....Home Telephone number

Daytime Emergency Telephone No..... Contact name

MEDICAL INFORMATION DECLARATION (CONFIDENTIAL)

Please give the following information so that your child can be properly supervised while in the care of the Centre, and also in the unlikely event of an accident, that the correct treatment can be given.

Has your child received treatment for any of the following conditions?

Asthma, Bronchitis, Heart Condition, Fits, Black outs, Fainting, Severe

Headaches, Diabetes, Travel Sickness.

YES/NO

Is your child known to be allergic to any of the following: -

Drugs, Medicines, Materials, Foods, Elastoplast, other allergies?

YES/NO

Does your child have a disability, learning difficulty or medical condition which may affect their learning?

YES/NO

Is your child receiving medical or surgical treatment from your family doctor or hospital, or has your child been given specific medical advice to be followed in an emergency?

YES/NO

IF THE ANSWER TO ANY QUESTION ABOVE IS YES, please give information regarding care, treatment and medication that you wish the Centre staff to observe (continue overleaf if necessary)

Has your child been vaccinated against TETANUS in the last 10 years?

YES/NO

Consent for taking images

During the course we may take pictures and videos for use in presentations, displays or in our own booklets, newsletters or publicity. In the event of any images of my child being taken, I consent to them being used for promotional or educational purposes.

YES/NO

Declaration

I have completed the medical declaration and I consider that my child is fit and capable of taking part in the activities organised by the centre. Tick boxes / delete as necessary:

My child can / cannot swim 50 metres

25 metres

In the event of illness or accident. I consent to any necessary medical treatment, which might include the use of anaesthetics.

Printed name.....Signed.....

Person with parental responsibility