

2nd December 2019

Dear Parent/Carer,

We are delighted that the P.E. department is able to provide the opportunity for our students to attend elite sporting events across the country. This not only gives students an experience of the level of quality, atmosphere and passion involved in professional sport, but also the chance to achieve Pledge 4 - 'attend a national sporting, cultural or academic event'.

We are proposing a trip to Wimbledon on Friday 3rd July to Saturday 4th July 2020. We will leave Outwood Academy Easingwold by coach at around 5.30am and arrive back the following day at approximately 11:00 - 11:30pm. On day one we will enjoy the action at Wimbledon, play is scheduled for matches in the third rounds of the Men's and Ladies` Singles, the Men's and Ladies` Doubles Competitions and the Mixed Doubles opening rounds. Students will be able to soak up the atmosphere on the outsidess courts and will be allocated a seat on either court 2 or 3. After a full day of tennis we have an overnight stay at a 3* hotel with breakfast included.

On day 2 we head to the home of English football to enjoy the Wembley Stadium tour, see behind the scenes and get a chance to walk in the footsteps of the legends. The tour includes a visit to the England's changing room and player tunnel. Climb the trophy winners steps, raise the replica FA Cup and learn about the history of Wembley before returning to Outwood Academy Easingwold having completed a new pledge and acquired many outstanding sporting memories.

What's included?

Coach transport

Entry into Wimbledon on Friday 3rd July with either court 2 or 3 seats

Overnights stay accommodation in a 3* hotel (breakfast included)

Wembley stadium tour

Insurance

The total cost of this trip is £245

Please complete the slip at the bottom of this letter and return it to reception by Wednesday 8th January. A payment of £100 deposit will also be required via iPay once places have been confirmed and by the deadline of Friday 17th January. As there are limited places on the trip, we reserve the right to remove a student from the trip if their behaviour and attitude to learning around the academy is deemed as unsuitable. Should the trip be oversubscribed priority will be given to those who regularly attend a sporting enrichment. Please also complete the attached medical form and hand this in with the permission slip.

If you have any further questions please do not hesitate to contact me via telephone on 01347 821451

Yours faithfully,



Miss Laura Robson
Teacher of Physical Education

Parental Consent Form

Name of child.....
Date of birth.....

Parent/Carer.....

Address:.....
.....

Emergency contact details: (If different from above)

Name:.....

Telephone no:.....

Relationship to child:.....

Consent:

- a. I agree to my child taking part in a trip to Wimbledon
- b. I am aware that my child must bring suitable outdoor clothing for the time of year (please see letter).

Media consent:

Occasionally, we may take photographs that may be used on the website, Twitter or for publicity material.

I agree/do not agree to photographs being taken and used by Outwood Academy Easingwold.

Medical issues:

IMPORTANT: I confirm that an up-to-date medical form has been provided and that any change to my child’s medical information has been submitted on a new medical form and given to reception before the event/trip.

Signed parent/carer:..... Date:.....

		OUTWOOD ACADEMY EASINGWOLD			
		ACADEMY PARENTAL CONSENT FORM			
		Student Name		Principal: Miss Laura Eddes	
Wimbledon		Outwood Academy Easingwold			
I agree to my daughter's / son's participation in the activities described and acknowledge the need for her/him to behave appropriately and responsibly at all times during the trip.					
Medical information about your daughter / son – Please inform us of any changes between now and the trip					
Please give details of any conditions needing treatment, including medication					
Please give details of pain/flu medication that may be given					
Please give details of any special dietary requirements					
For residential visits and exchanges only					
Please detail any contact with or suffering from contagious or infectious disease in the last 4 weeks					
Please detail any allergy to medication or food					
When did your daughter / son last have a tetanus injection?			Month	Year	
I agree to my daughter / son receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitation of the insurance cover provided.					
Primary contact telephone numbers		Home		Work/Other	
Home Address					
Alternative contact		Name	Tel Home	Work/Other	
Address					
Doctor		Tel	Address		
Full Name (Print Please)		Signed		Date	