

2nd December 2011

Dear Parent

**Re: Angling Experience Day at Greenridge Farm Fishery, Ampfield
Thursday 16th February 2012 (Half Term)**

The Academy is offering students an opportunity to attend a day of angling at Greenridge Farm Fishery in Ampfield, Hampshire on Thursday 16th February 2012. Your child will be introduced into fish management and experience the safe practice of fishing in open lakes. Students will be able to learn new skills and disciplines, fine tune their current skills and up their catch rate, with the assistance of the fully trained and insured tutors.

Students will travel to Greenridge Farm Fishery by minibus from the Academy at 9:00am and will return back by 4:00pm. On the day your child will need to bring with them a packed lunch and plenty to drink. They will need to dress appropriately for the activity and the weather conditions on that day.

The total cost of the day will be £27.00 per student. The cost includes a whole day of fishing including equipment and bait. If you are happy for your child to attend please complete the attached reply slip and the For Life Experience Young Persons Medical Form, and return to Student Services along with payment of £27.00. Please make cheques payable to Oasis Academy Mayfield. Please note that there are limited spaces available and places will be offered on a first come first serve basis. However poor behaviour in school could result in this opportunity being revoked.

Should you require any further information regarding this activity please contact Mrs Johnston on 02380 425340.

Yours sincerely



Mrs Johnston
Extended Services Manager

To: Student Services, Oasis Academy Mayfield

**Re: Angling Experience Day Greenridge Farm Fishery, Ampfield
Thursday 16th February 2012 (Half Term)**

Student Name:..... Tutor Group:

I give permission for my son/daughter to participate in the Angling Experience Day on Thursday 16th February 2012.

Please select the appropriate option below:

- I enclose cheque I enclose cash

For the sum of £*

I understand that if my child decides not to attend and payment has already been made then I will receive a refund.

Signed: Date:
(person with parental responsibility)

For Life Experiences UK Ltd
 Angling & Outdoor Pursuits Centre
 Greenridge Farm Fishery
 Green Lane
 Ampfield
 Hampshire
 SO51 9BN



YOUNG PERSON MEDICAL FORM

Course to be booked onto		Date/Time of Course	
Name of your group/school		Date of Visit	
Participants First Name		Surname	
Address		Postcode	
Date of Birth		Age	
Aged 18 or over	Yes/No	Gender	Male/Female
Next of Kin		Relationship	
Next of kin's contact address during the course			
Postcode			
Email			
Contact No Home		Work	Mobile
Name & Address of Participant's Doctor			
Tel No		Can they swim 50m?	Yes/No
Has the Participant had any of the following?			
Asthma or bronchitis	Yes	No	Any other allergies, e.g. food, plasters
Heart condition	Yes	No	Other illness or disability
Fits, fainting or blackouts	Yes	No	Travel sickness
Severe headaches	Yes	No	Regular Medication
Diabetes	Yes	No	Any condition that could be affected by physical activity
Allergies to any known medication	Yes	No	
Has the participant been given specific medical advice to follow emergencies?			Yes No
Has the participant been vaccinated against tetanus in the last 10 years?			Yes No
Is the participant receiving medical or surgical treatment of any kind from either a doctor or hospital?			Yes No
Any special dietary requirements?			Yes No

If the answer to any of the above questions is YES, please give details overleaf

For Life Experiences regularly take photographs of visitors for publicity purposes. Before taking images of minors we require parental permission. May we use images of your son/daughter for publicity purposes to include brochures, selected websites, presentations, displays and newsletters etc. Yes/No

I confirm that I have parental responsibility for the above names participant. He/she is in good health and I consider him/her to be capable of taking part in a For Life Experience programme and I consent to him/her taking part. In the event of illness or accident I consent to necessary medical treatment which might include the use of anaesthetic. In the event of any illness or medical treatment occurring after the return of this form and prior to the activity I undertake to inform the party leader.

Signed		Please print name here	
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Person with Parental Responsibility

www.forlifeexp.com
CALL 07595 024 363