

05 January 2012

Dear Parents

**RE: Sailing Adventure on the East Coast
Friday 11th – 13th May 2012**

The Academy is pleased to be able to offer its students a unique opportunity to spend a weekend sailing around the East Coast on board a 50ft Oyster Yacht.

Adventures Offshore is an organisation that has been providing sail training for young people for over 30 years. If you would like to know more you can visit their website www.adventuresoffshore.co.uk.

The proposed trip will take place over a weekend in May. We will spend 2 nights on board and return to school on the evening of Sunday 13th May. To participate on this visit your child must be able to swim at least 50 metres.

The cost of the visit will be £139.00 and this will include all travel expenses, all food and drink and the provision of all safety equipment and waterproofs. Full payment for this visit must be paid by Friday 20th April 2012. Student Services will accept two monthly instalments of £44.50 in March and April if you would like to set up a payment scheme to spread the cost.

Adventures Offshore do offer a financial bursary. Their policy is that no one is left out due lack of funds. If you feel you may be eligible please tick the appropriate box on the reply slip and a Bursary Form will be sent to you by post.

Places will be allocated on a first come, first served basis. If you would like your child to take part please return the attached reply slip and Personal Details and Consent Form from Adventures Offshore, together with a deposit of £50.00 to Student Services no later than Friday 24th February 2012.

If you have any queries please contact Mr Drewery on 023 8032 8128.

Yours sincerely



Mr Drewery
Curriculum Leader: Geography

Reply Slip

**RE: Sailing Adventure on the East Coast
Friday 11th – Sunday 13th May 2012**

Please return to Student Services by Friday 24th February 2012.

Students Name:

Tutor Group:

Please tick the relevant boxes below to inform us of how you wish to make payment and if your child is able to swim confidently 50 metres.

- I give permission for my son/daughter to participate in the above trip and enclose a deposit of £50.00, and agree to pay the remainder of the balance by Friday 20th April 2012.

Payment Options:

- I give permission for my son/daughter to participate in the above trip and enclose full payment of £139.00.
- I would like to set up a payment scheme and agree to pay £44.50 by the end of March and another £44.50 by the end of April 2012.
- I would like to apply for a Bursary from Adventures Offshore. Please forward to me the relevant paperwork.

Please tick this box to confirm that you know and have seen your child's swimming ability and can confirm that they can swim at least 50 metres.

- I confirm my son/daughter can swim 50 metres.

Signed:
(Person with parental responsibility)

Date:



ADVENTURES OFFSHORE
GROUP MEMBER PERSONAL DETAILS AND CONSENT FORM
Standard Weekend

TOLKEN, THE LANE, WEST MERSEA, COLCHESTER, ESSEX CO5 8NT
 Tel: 01206 385071 Fax: 01206 386716 E-mail: sailing@adventuresoffshore.co.uk

Office use only
 BOOKING REF

 Invoice no.

Name of Group _____

Date of Cruise _____ **Name of Vessel** Ocean Scout / Offshore Scout

Full Name (Mr/Mrs/Ms/Miss) _____

Address _____

_____ Postcode _____ ☎ Mobile _____

☎ Day _____ ☎ Eve _____ E-mail _____

Age _____ Male / Female _____ Date of birth _____

Details of Responsible Person Ashore to be contacted if necessary

Name _____ Relationship _____

Address _____

☎ Day _____ ☎ Eve _____ ☎ Mobile _____

Special Dietary Requirements

Vegetarian Other (please specify) _____

Medical Conditions (including allergies) and Treatments - please give full details on separate sheet if appropriate

Condition/allergy _____

Treatment _____

Medication _____

Declaration

This declaration must be signed by the applicant if aged 18 or over, or by the parent/legal guardian if the applicant is under the age of 18.

- I hereby give my consent for the person named above to take part in a voyage with Adventures Offshore.
- I have provided details of any medical or other condition which might affect the performance or safety of the applicant or others.
- I consent to the person named above being given emergency medical treatment including the administration of anaesthetic should it be necessary and authorise Adventures Offshore staff to give permission as may be necessary for such treatment to proceed.
- I have read and accept the "Adventures Offshore Notes and Conditions on Booking a Voyage".

Signed _____ Name (block capitals) _____

Date _____ Relationship to applicant _____