

Mountain Biking, Haldon Forest – Year 9 **Tuesday 13th October 2020: 3:30pm – 7:15pm**



Thank you for signing up for the Year 9 Mountain Biking activity which takes place on **Tuesday 13th October**.

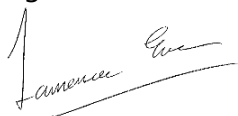
- **This trip requires students to bring their own bicycle.**
- Bikes should be brought to the OP store by 8:50am on the morning of the trip for loading.
- Bicycles will travel with us on a trailer to Haldon Forest.
- Clothing: students should wear school PE kit suitable for mountain biking (not uniform).
- Students also **need to wear their school blazer** during the school day.
- They should a sweatshirt in their bag to put on instead of the blazer when we head off for the mountain biking.
- Students should meet at 3.30pm by the 'outside eating area'.
- We will travel by school minibus to Haldon forest
- Students should bring a snack and a drink.
- We aim to return **for 7:15pm**.
- If there is any change to the return time, *students will phone home (please ensure that they have a suitable contact number)*.

Students must have the kit below:

- **Mask for minibus travel.**
- Comfortable clothes and shoes (suitable for the weather).
- Bicycle.
- **Bicycle helmet.**
- Raincoat.
- Snacks to keep energy levels up.
- A drink in a refillable drinks bottle.

Please complete the medical form attached and send it in with your child on the morning of the trip.

Regards



Laurence Eve

evel@uffculmeschool.net

Mountain Biking, Haldon Forest – Year 9

Dear Parent/Guardian,

Please complete and return the form below, which relates to the forthcoming Mountain Biking Expedition. The form gives consent for your child to take part in this activity.

Name of Pupil _____ Tutor Group _____

Special Details:

Any relevant information concerning your child’s health requiring special attention, but which does not prevent him or her taking part, should be noted below. For example, does your child:

- Have any allergies?
 - If so, please specify:
- Take medication?
- Have asthma?
- Has your child had any relevant recent illnesses or injuries?

Do you have any additional comments?

1. I would like my son/daughter to take part in the above-mentioned visit or activity and having read the information provided agree to him/her taking part in the activity described.
2. I consent to any emergency treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

Signature of Parent/Guardian Date:

Name of Parent/Guardian

Address:

Telephone Number [Home]:..... *Contact Number during trip:*

Approximate date of last Tetanus injection:.....