



RW
25th February 2019.

Dear Parent/Carer

RE: Trip to Staffordshire University

Your son/daughter has the opportunity to attend an educational workshop at Staffordshire University. The workshop will consist of two main components of sports coaching – multi-skills and tactical awareness. The coaching workshop will be delivered by specialist undergraduates, something we are really excited about our students experiencing. Students will have the opportunity to discover how the coaching process is delivered through participation. The session will have emphasis on holistic coaching to foster an active personal, social, cognitive, creative, and physical development.

We have secured funding for this experience and therefore there is no cost for participation.

Please return to Mrs Wakeham no later than Tuesday 5th March 2019

The trip will be on Monday 11th March 2019. The coach will leave the Academy at 9:15am and should return for the end of the academy day.

Students must be in full PE Kit and bring a healthy packed lunch.

Thank you in advance for your support.

Yours sincerely
Mrs R Wakeham
Head of PE



Sports Workshop: Staffordshire University

Student's Name:TutorGroup

I give my consent for (full name of student) age To attend the Sports Educational Workshop **At Staffordshire University, On Monday 11th March 2019, 9:15am – return at the end of the academy day.** I understand that I am responsible for my child getting home safely from Staffordshire University Academy.

I confirm my child: Signed:(Parent/Carer) Relationship Address:.....

Tel No Date

Parental consent form for the use of photographs, video and web

Please tick all the relevant boxes in respect of your child: Name of Child: _____

	I do consent (please ✓)	I do not consent (please ✓)
Capturing of images and video footage for general publicity of the event e.g. newspapers, publications and websites.		

Safeguarding

As part of our commitment to safeguarding, consent is also required separately to name children and young people in material used by the press.

I do I do not give consent for my child to be named in media coverage.

Print name: _____ Relationship to child: _____

Signature: _____ Date: _____

MEDICAL QUESTIONNAIRE (Please print clearly). CHILD'S NAME (IN FULL)

ADDRESS.....
.....Post code.....

TELEPHONE NUMBER.....SCHOOL.....

DATE of BIRTH.....

1. Has your son/daughter ever had any serious illness, operation or accident? If so, please give details.
2. Has he/she had any illness during the past year? If so, please give details.
3. Does he/she have any allergies? If so, please give details.
4. Does he/she have any difficulty with a) Hearing or b) Eyesight
5. Are you aware of any problems of behaviour, any undue nervousness, any defect of speech, any tendency to fits or fainting attacks? If so, please give details.
6. Does your child require any medicines, diet or special treatment about which the Organisation should be informed?

SIGNATURE..... DATE.....(PARENT/GUARDIAN)