

Dear Parent / Carer,

British Schools Karting Championships 2019

Your son or daughter may have an interest in taking part in the above event. The process involves driving in a team of three over a maximum of four stages. (Everyone takes part in the first two stages).

Stage 1 – 2 x 10 minutes practice race sessions **per driver** at a Bristol Teamsport venue in January. The date is not finalised and is subject to change but it is likely to be Thursday 7th March. In this practice event we will analyse pupil driving to select our racing teams.

Stage 2 – 2 x 10 minutes races per driver also at Bristol teamsport. Again, the date is not finalised but it is likely to be Thursday 14th March. The competition begins with **all pupils** taking part in two races each.

Stage 3 – The **top 25% of teams** from stage two take part in the South West Regional Finals at Thruxton Kart Centre on Sunday 12th May. Each year, we normally have at least two teams from Sir Thomas Rich's reaching this stage.

Stage 4 – National Finals at Whilton Mill, Daventry, on Sunday 29th June. In the past, four teams from Sir Thomas Rich's have reached this stage and performed well on a challenging outdoor track.

Drivers must be 13-18 years old (as of the 1st January 2019) and at least 5'2" tall when wearing shoes. Further information is available on the British Schools Karting Championship (BSKC) website including safety information and rules of the competition.

In order for the School to enter a team, participation must be self-financing, and so we invite you to make a contribution of £70.00 **per student***. This covers the two sessions at Bristol and the Finals at Thruxton and Daventry, if our teams get that far! Extra practice sessions are optional and will incur further costs depending on the prices of track time at different circuits. Also included in this cost is a £7 school administration charge covering the cost of minibus transportation.

Payment can be made online (Tucasi) or by cheque (**payable to Sir Thomas Rich's School, with the student's name on the back of the cheque**) or in cash.

If you would like your child to attend, please complete the reply slip attached and return to the Finance Office** by **Friday, 14 December**.

Yours faithfully



Mr. D.A. Gowler, dag@strs.org.uk

**Parents on low incomes and in receipt of certain benefits (see School's Charging and Remission Policy) may contact the School for support in meeting the cost. If parents are unable to make the contribution their child will not necessarily be excluded from the visit but it may be cancelled if there are insufficient voluntary contributions.*

*** open to students at break times and lunch time only.*



Sir Thomas Rich's School

Consent - Higher Risk Off-site Visits

(inc. personal & medical information)

The information being collected on this form is important to ensure that appropriate care and support is available for your child on school visits. We handle all data you provide to us in line with Data Protection Legislation and our own Data Protection Policy.

BSKC – Karting, Various Dates in 2019

1. Description and date of visit:

2. Name of participant: _____ Form: _____

3. Address: _____

Postcode: _____

Date of Birth: _____ Pupil Mobile No. _____

4. Name of Parent or Guardian: _____

5. Contact Telephone Numbers:

Day: _____ Evening: _____ Mobile: _____

E-mail: _____

6. Additional Emergency Contact:

Name: _____ Relationship: _____

Telephone number(s) _____

7. Can your child swim 50 metres? YES/NO

8. Does he/she have any special dietary needs? YES/NO If yes, please provide details

9. Medical Information:

A. Is your child allergic to anything (e.g. antibiotics, elastoplast, aspirin, any particular food)?
YES/NO If yes, please give details:

B. Does he/she suffer from diabetes, migraine, epilepsy, bad period pains or any other illness or disability? YES/NO If yes, give details:

C. If a residential visit, does your child have any night-time tendencies e.g. sleepwalking, nightmares, bed-wetting? YES/NO If yes, please give details

D. Has your child had any recent significant illness or injuries? YES/NO If yes, give details:

E. Has your child been in contact with any infectious or contagious illness in the last 4 weeks? YES/NO If yes, give details

F. Is he/she receiving any medication at present? YES/NO If yes, give details and state any special precautions required or side effects.

I wish a member of **staff/ my child*** to administer the above medication. *Please delete as appropriate.*

Parental declaration and medical consent

- I agree to my child taking part in the visit.
- I understand that the visit staff will take all reasonable care of participants.
- I undertake to inform the visit leader of any changes in the medical or other circumstances of my child prior to the visit.
- **I give/ do not give*** my consent for visit staff to provide treatment for minor ailments such as headaches, colds, rashes, sunburn with "off the shelf" products commonly available from chemists e.g. paracetamol, antiseptic cream, throat lozenges.
- **I give/ do not give*** my consent to any emergency treatment deemed necessary and authorise the visit leader to sign on my behalf any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary and any delay in contacting me might, in the opinion of the doctor or surgeon concerned, endanger my child's health and safety. ****please delete as appropriate***

Signature of Parent: _____	Date: _____
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N.B. IF YOU WISH TO WITHHOLD YOUR CONSENT FOR ANY OF THE ACTIVITIES OR QUALIFY YOUR CONSENT FOR EMERGENCY TREATMENT PLEASE PROVIDE DETAILS BELOW:

IF YOU WISH TO WITHDRAW YOUR CONSENT, PLEASE CONTACT trips@strs.org.uk