

24 September 2019

Dear Parent / Carer

### ***Malta Netball Tour, Friday 3<sup>rd</sup> April – Tuesday 7<sup>th</sup> April 2020***

Following the success of our previous tours, we are planning another Netball tour to Malta in April 2020.

Sports tours provide a number of benefits and memorable experiences to all participants and indeed the School, including links with other schools abroad, experiencing different cultures and places of interest. The trip will give pupils the opportunity to experience the sights and culture of Malta, as well as to play competitive fixtures. We hope to play the Maltese national side (U19's) as this was an excellent fixture on the 2018 tour

We propose that the five-day tour will start on Friday 3<sup>rd</sup> April 2020 where we will fly from London Gatwick to Valetta in Malta. On arrival, we will be met by a local representative. We will then transfer to **Hotel Soreda in Qawra** for a four-night stay on a half board basis. The Tour will consist of;

- Two Netball fixtures (per team)
- A visit to the beautiful city of Valetta with time for sight-seeing, lunch and shopping!
- A 4x4 jeep safari tour of Gozo (this was the highlight of the last tour so we are keen to do it again)
- A walk from the hotel along St Pauls Bay with time to explore the local town
- An evening meal at a local Italian restaurant
- A trip to Popeye Village
- A STRS Netball Tour sweatshirt, with the possibility of additional kit, depending on sponsorship/fundraising

In order for the Tour to take place, it must be self-financing, and the cost is **£649\* to cover transport and all the activities detailed above** (including the evening meal). If you would like your daughter to participate in this tour, would you please complete the attached consent form to Reception\*\* by **Monday 7<sup>th</sup> October, with a deposit of £149**. We encourage you to use the online facility to pay the deposit, but we can accept cash\*\* or a cheque\*\* (made payable to with the consent form, in an envelope marked with your daughter's name and form, and the name of the trip, Malta Netball Tour 2020).

Should more students wish to take part than there are places to offer, places will be allocated using a "first out of the hat" system providing the application was received by the deadline. Once places are confirmed, a payment schedule and more information will follow later this term.

### Passports and (currently) EHICs

Advanced warning - Your daughter will also need a passport and (currently) an EHIC card both with six month's validity after 7 April 2020. **If your daughter's passport and EHIC card currently have six month's validity after 7 April 2020, please send a copy of these with the consent form.** If not, please let us have copies as soon as new documents have been issued. Thank you.

If there are any queries or concerns regarding any aspect of the tour, please do not hesitate to contact Mrs Lynn or Mrs Brown.

Yours faithfully



Mrs V Lynn ([vl@strs.org.uk](mailto:vl@strs.org.uk))



Mrs M Brown ([mfb@strs.org.uk](mailto:mfb@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.*

TRIP LEADER:	VL/MFB
Return by:	Monday 7 <sup>th</sup> October 2019



## Sir Thomas Rich's School: Consent - 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.

Description and date of visit:

**Malta Netball Tour 2020 - Friday 3<sup>rd</sup> April – Tuesday 7<sup>th</sup> April 2020**

1. Name of participant: \_\_\_\_\_ Form: \_\_\_\_\_

2. Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Pupil Mobile No. \_\_\_\_\_

3. Name of Parent or Guardian: \_\_\_\_\_

4. Contact Telephone Numbers:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

5. Additional Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

6. Is your child water confident? **YES/NO** Can your child swim 50 metres? **YES/NO**

7. Does he/she have any special dietary needs? **YES/NO**

If yes, please provide details

8. 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:

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E. Has your child been in contact with any infectious or contagious illness in the last four weeks? **YES/NO**

If yes, give details

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F. Is he/she receiving any medication at present? **YES/NO**

If yes, give details and state any special precautions required or side effects.

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G. I wish a member of **staff / my child** \* to administer the above medication.

*\* Please delete as appropriate.*

## Payment

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I include a deposit of **£149** \* enclose cash / cheque (**payable to Sir Thomas Rich's School, with student's name on reverse of cheque**) **OR**

☐

I have paid a deposit of £149 online

## 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***

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**I enclose copies of passport and copy of EHIC card with six months' validity after 7 April 2020**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**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:**

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**IF YOU WISH TO WITHDRAW YOUR CONSENT, PLEASE CONTACT [trips@strs.org.uk](mailto:trips@strs.org.uk).**