



NINE ACRES COMMUNITY PRIMARY SCHOOL

South View, Newport, Isle of Wight, PO30 1QP
www.nineacrespri.iow.sch.uk 01983 522984
Headteacher: Mrs E. Dyer BA Hons QTS, NPQH

Team Work Respect Aspiration Perseverance Caring Creativity Citizenship Courage Independence

'Striving for Excellence'

5th September 2019

Dear Parents,

We have been given the opportunity to take our Year 6 pupils to UKSA in Cowes. The children will be spending their time learning how to sail a dinghy with support and direction from the fantastic staff at UKSA.

Durham Class will be going on Monday 30th September, leaving school at 12:15pm and returning at 5pm.

York Class will be going on Wednesday 2nd October, leaving school at 12:15pm and returning at 5pm.

On both days children will have lunch before they go, but will need to bring a water bottle with them for the trip.

The UKSA will provide each child with the required technical clothing i.e. wetsuits and buoyancy aids. On the day of the trip, your child can wear their own clothing to school but this must be warm as they will need this getting changed after the activity. As well as this they will need to bring the additional items which are listed below;

- Towel
- 2x Water Bottle
- Plastic bag for wet clothes
- Swimming costume to wear under wetsuit
- Wet shoes – old trainers/ wet suit shoes/ deck shoes. These will get wet. Bare feet are not permitted during any water activity and crocs will not be allowed.
- T-shirt to wear under wetsuit – it is more comfortable
- Named sun cream – children are advised to have sun cream on before they go in the water

Attached to this letter is a medical form from UKSA which must be completed for your child to attend. Please also complete the slip to indicate whether you are collecting your child at 4:45 pm or if they can walk home by themselves; please can you ensure these forms are completed and returned to school by **Wednesday 11th September 2019**.

If you have any queries, please see your class teacher.

Yours sincerely

The Year 6 Team

Year 6 UKSA Sailing Trip

Child's Name: _____ Class: _____

I give permission for my child attend the trip to UKSA.

I give permission for my child to walk home from school at 4:45pm

I will collect my child at 4:45pm from school

☐☐

Signature: _____ Date: _____



UKSA 2019 Medical & Consent Form

This form must be filled in by parent/guardian and return to ashleigh.gibbs@uksa.org.

(Please use CAPITAL letters)

Course Details	
School/Group Name: Keel Boating Fun Day	Date:
Notes: Whilst at UKSA, you / your child will be taking part in adventurous activities which involve some personal risk. It is compulsory that before starting any activity, you fully complete the following medical declaration. Information will help us to keep you / your child safe and structure an effective training programme.	

Participant's Details	
Surname:	Forename(s):
Age:	Gender: Please select gender
Date of Birth:	
Home Address:	
	Postcode:
Can swim 50m in light clothing: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you are still welcome at UKSA. It is for information only.)	
Water-confidence: <input type="checkbox"/> Very confident on water <input type="checkbox"/> Quite confident <input type="checkbox"/> Not very confident <input type="checkbox"/> Not at all confident (Tick as appropriate)	

Next of Kin / Emergency Contact	
Who should we contact in case of an emergency? Please give 2 contacts, including a parent/guardian if the student is under 17.	
Contact Name 1:	Contact Name 2:
Relationship (parent, guardian, etc.):	Relationship (parent, guardian, etc.):
Address:	Address:
Daytime Telephone Number:	Daytime Telephone Number:
Night Telephone Number:	Night Telephone Number:
Email:	Email:

Participant's Doctor
Name:
Address:
Postcode:
Telephone Number:

Medical Information & Consent Form

Medical Details

Please give relevant details of any medical conditions that apply, e.g. heart conditions, diabetes, epilepsy, immobility etc.

Any known non-food related allergy? ☐ Yes ☐ No (If yes, please give details.)

Has the doctor prescribed any medication during the previous 3 months? ☐ Yes ☐ No (If yes, please give details.)

Has the participant received a Tetanus injection in the last 10 years? ☐ Yes ☐ No

Is there anything else you think we should be aware of? E.g. a previous injury, regular medication, additional needs etc.

Dietary Details

Any special dietary requirements? ☐ Yes ☐ No (If yes, please give details.)

Any known food allergy? ☐ Yes ☐ No (If yes, please give as much detail as you can, including any danger of anaphylaxis.)

Media Consent (this section must be filled out by parent/guardian)

Photo Consent: please tick the box only if you agree.

I am happy for photos and videos to be taken of my child for the purposes of coaching and for marketing UKSA as an organisation. This may include use on our website, printed material, videos and social media. Names of children are never placed alongside photos.

Declarations (this section must be filled out by parent/guardian)

Yes	No	Prefer not to say	Are you eligible for free school meals?
I am happy for UKSA to retain this information and contact me about other relevant follow on courses/programmes similar to this activity.			
I declare that the information given above is accurate and true, and that I have not knowingly withheld any information. I understand that to knowingly withhold information could result in the termination of my / my child's training at UKSA without refund.			
Signed		Date	

(Should you wish to read our full Privacy Notice it can be read at uksa.org/privacy-policy-cookies)

Contact Details

UKSA, Arctic Road, Cowes,
Isle of Wight, PO31 7PQ

For more information please contact:

T: 01983 301901

E: ashleigh.gibbs@uksa.org

uksa.org

