

**From: The Head of Girls PE/Games
Mrs Alford-Swift**

1st February 2010

Dear

NATIONAL SCHOOLS' LACROSSE CHAMPIONSHIP

As you may be aware, the School has been invited to take part in the National Schools' Lacrosse Championship at Imperial College, London, on Tuesday 9th March.

Due to the distance to the venue and the early start, it is necessary that we travel down after school on Monday 8th March.

We will be staying at the Comfort Inn, Heathrow (0208733 6162) on the Monday evening and travelling back to school after the tournament on the Tuesday. The School will pay the transport costs, but parents will need to pay for their daughter's accommodation and food.

The total cost of the trip will be £60.00 per pupil. This will include overnight accommodation, breakfast and a 'National Schools' Lacrosse Championships' long sleeve t-shirt with the School name printed on it. In addition, pupil will need a small sum of money for an evening meal at the services on the Monday evening and lunch and possibly dinner on the Tuesday (depending on what time we depart from London). Alternatively, pupils can bring a packed lunch/dinner. Please complete the payment and consent form and return them to me via

Should you have any queries please do not hesitate to email me lds@birkenheadschoo.co.uk.

Yours sincerely

L Alford-Swift

CONSENT FORM

1. I agree to my son/daughter taking part in this School visit. I am aware of the details of the activities which have been proposed and give my consent for him/her to take part in these activities.
2. I agree to authorise the Party Leader during the course of the visit to approve such medical treatment for my son/daughter as is deemed necessary in an emergency; this must be on the advice of a qualified medical practitioner.
3. I acknowledge that neither the organiser of the visit nor the Governors of the School can accept responsibility for personal injury sustained, nor loss occurred, due to circumstances beyond their control.
4. I am aware of and satisfied with the School's insurance cover for this visit.
5. I have added to the bottom of this form details of any contagious diseases or infections which my son/daughter has suffered from in the past 3 months.
6. I have added to the bottom of this form any instructions or information needed for this specific trip (e.g. short term medication, parents away on holiday etc.)

I confirm that there have been no changes to the long term information provided to the School on the 'Update Form for Educational Visits' (which gives details of emergency contacts, medical details, dietary requirements and the administration of medication information)*

OR

I confirm that there have been changes and attach, as requested, an amended 'Update Form for Educational Visits'*.

PUPIL:

FORM:

Visit to: Imperial College, London

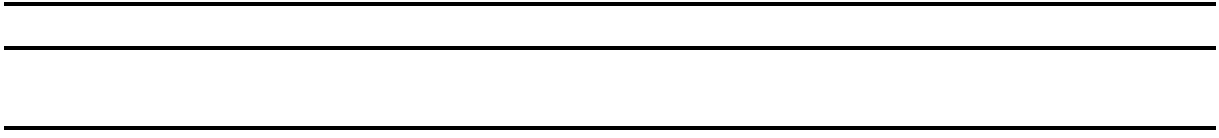
Date: 8/9th March 2010

Signed: _____ (Father/Mother/Guardian*)

Date: _____

(*delete as appropriate)

Additional Information for points 5 & 6 above:-



BOOKING FORM: IMPERIAL COLLEGE, LONDON

To book a place please complete the form below and return it to Mrs Alford-Swift

Payment arrangements

Our preferred method of payment is direct debit and payment will be collected as follows:

- **One Direct debit payment of £60.00 will be collected by the next direct debit.**

If you do not already have a direct debit arrangement in place for the payment of fees, either monthly or termly, please call Mrs Burgess on 0151 651 3013 to set up a direct debit for the payment of extras, such as this trip.

For parents who do not wish to set up a direct debit arrangement, we require payment for the full amount by debit card or cheque as soon as possible.

Please note that we are unable to accept payments in cash or by credit card.

Withdrawal

In the event of withdrawal of a pupil, a refund will be made, based upon the full cost of the trip less the deposit and a share of costs already incurred and other unavoidable costs.

IMPERIAL COLLEGE, LONDON – 8 / 9 March 2010

I would like my child to take part in the above visit.

PUPIL NAME:

FORM :

- | | | |
|---|----|--------------------------|
| • Please collect the balance of the cost by direct debit (preferred option) | or | <input type="checkbox"/> |
| • I wish to set up a direct debit | or | <input type="checkbox"/> |
| • Payment by debit card. Please phone Mrs Burgess on 0151 651 3013 | or | <input type="checkbox"/> |
| • I enclose a cheque for £60.00 made payable to Birkenhead School | | <input type="checkbox"/> |

PARENT SIGNATURE _____

DATE _____

