



Ross High School, Well Wynd, Tranent, East Lothian EH33 2EQ



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Mrs Dorothy Patterson
Depute Head (Acting)

Mr Paul Reynolds
Head Teacher

Monday, October 20, 2014

Dear **Ross HS Pupil**

Ross High Archery 2014 – Block 1

We are very excited to announce the start of the **NEW** Ross Archery Club based at Ross High School.

This club is supported by Archery GB and is currently **FREE** to new joiners.

It starts on Tuesday 28th October and continues through to the 2nd December.

Tuesdays, Oct 28th, Nov 4th, 11th, 18th, 25th & Dec 2nd, 3.45pm to 4.45pm in Gym 2.

As you have previously expressed an interest in archery, I would like to invite you to join.

To join, you **MUST** complete and return the Parental Consent form on the reverse of this letter by Friday 24th October. There are only 12 spaces, so please return your form as quickly as possible to avoid missing out on reserving a space. If any of your friends wish to join, they can collect another form from the blue box outside my office. Again though, must return the completed form before Friday to reserve their space.

I look forward to receiving your completed form.

Yours in sport.

Mark Urwin

Sport & Physical Activity Co-ordinator.

www.RossHighSport.co.uk



@RossHighSport



Ross High Active Schools page

EAST LOTHIAN COUNCIL – ROSS HIGH SCHOOL
DEPARTMENT OF EDUCATION AND COMMUNITY SERVICES
PARENTAL CONSENT FORM



Excursion: Ross High School Sport & Physical Activities 2014/15

Cost (If applicable) £ Various

Name of participant: _____ Age: _____ Register Class: _____

Home Address: _____

Pupils: Mobile: _____ **Pupils Email:** _____

Home Telephone: _____ **Parents Name (Print):** _____

Parents Mobile: _____ **Parents Email:** _____

Alternative contact name and telephone number for use in emergency: _____

To participate in Extra Curricular Club(s), use names or codes _____

Is a Parent willing to help Transport their child and others to and from matches? Please circle: - **Yes / No**
I would like more information about volunteering within the Active Schools programme- **Yes / No**

Leisure Pass **Plus** code _____ Leisure Pass **Plus** Expiry date _____

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the participation or treatment of your child / ward. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information to be given and that you notify us of any change in circumstances, which might affect participation.

Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?

Has your child/ward any known allergy (e.g. to penicillin)?

Is your child/ward is currently undergoing treatment by a Doctor please give details including medication?

Has your child/ward received a tetanus injection within the last 10 years?

Is there any activity in which your child may not participate?

Is there any additional information we should have? (Travel sickness, bedwetting, diet, diabetes, etc.)

Name of Family Doctor: _____ Tel. No. _____

Address: _____

For water based activities only. I certify that my child/ward cannot / can swim 50 metres / is confident in cold water wearing a buoyancy aid. (Ring as appropriate)

Insurance Information

East Lothian Council Public Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of the Council or a Council employee. Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.

Declaration:

I have read the information issued concerning the activity and the statement of insurance. I understand the nature of the activity / activities to be undertaken and consider my child/ward fit to take part. He/She does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.

It is the parent/guardians responsibility to make sure their child arrives and returns home from the club.

I have enclosed £ _____ payment Payee for cheques is displayed next to the appropriate club.

I give/do not give permission for my child to appear in Active Schools promotional materials or footage including the Active Schools websites.

Parent /Guardian Name (Block Capitals): _____ Date: _____

Parent /Guardian Signature: _____