

25th January 2017

Dear Parent/Guardian

Re: 02 Basketball trip

We have the opportunity to take a number of students to the EBBA National Basketball Finals. There are 30 student places available, each one costing £27 which includes travel by minibus, parking fees and entry to the venue. Money for refreshments is not included in the cost of the trip.

EBBA National Basketball Finals

The 02

Sunday 14th May 2017

Depart Beaumont by minibus at 12.00pm

Return to Beaumont at approximately 9 - 10.30pm

Cost: £27

This visit is classified as an optional extra, and the school is therefore entitled to charge for it. I should be grateful if you would complete the reply slip and return it to me as soon as possible, cheques to be made payable to Beaumont School. You can send your money or cheque in a sealed envelope with your son/daughter's name, form and title of the trip clearly written on it. This should be posted in the appropriate box outside the Finance Office by **Thursday 9th February**. Alternatively you can make payment over the internet using our online payment system (NB: You must still return the consent slip to school). If the trip is oversubscribed and it proves necessary to create a selection process, places will be allocated by lottery. In the event of your son/daughter not getting a place, any monies paid will be returned.

Yours sincerely

Mr G Stewart
Teacher i/c basketball

Return to: Box outside Finance Office marked 02 Basketball by **Thursday 9th February**

Student's Name Form

I wish my son/daughter to participate in the visit to the EBBA National basketball final on Sunday 14th May, 2017 and enclose payment of £27.00

I agree to his/her taking part in the activities described. I also consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the journey. I understand that for the school's insurance policy to cover any pre-existing medical condition, I must provide a letter from my GP stating my son/daughter is fit to travel.

Emergency contact/medical details. Please tick either box A or B.

- A I confirm that all details held by the school on the gold form concerning emergency contact telephone numbers and/or medical conditions affecting my son/daughter are correct, or that I have already notified the school of any changes.
- B Please note the following change(s) to the above details, which is/are
 for this visit only permanent.

Signed Father/Mother/Legal Guardian Date