



# REDRUTH SCHOOL

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Headteacher: **C Martin, BA (Hons)**

13 January 2017

Dear Parents/Carers

## **Parkour session – 30 January 2017**

As you may be aware, due to some confusion at West Coast Academy, Year 7 and 8 students only received a thirty minute Parkour session on Monday, 21 November, rather than the hour we had booked. The Director of the Academy has since been in touch with her sincere apologies and has kindly offered us another session, free of charge, in order for our future stars students to get the full experience.

Also, some Year 9 students did not get the opportunity to attend their session on 5 December and are therefore also invited to attend.

The activity will run on 30 January from 3 pm – 4 pm at West Coast Academy, Treleigh Industrial Estate. We will be leaving school at 2.40 pm via coach and will be returning to school for 4.15 pm. Students will need to leave their lessons at 2.30 pm and change into their PE kit before leaving school.

If you wish to collect your son/daughter from West Coast Academy at 4 pm, could you please indicate this on the attached consent form.

Yours sincerely

**Miss J Borlase**  
**PE Faculty**





**FORM RS4**  
**CORNWALL EDUCATION COMMITTEE - PARENTAL CONSENT FORM**

This form has been produced for parent/guardians of young people to complete with regard to visits and journeys and gives the necessary authority to the school to take your child on the visit. **PLEASE NOTE** that in signing this form your rights are not affected in any way.

School/Youth Group	REDRUTH SCHOOL	Tutor Group	
Visit/Activity	West Coast Academy - Parkour session		
Date(s)	30 January 2017 (2.30 pm to 4.30 pm)		

I wish my child, \_\_\_\_\_, to be allowed to take part in the above-mentioned journey/visit and, having read the information provided, agree to him/her taking part in any of the activities described.

1. I consent to any emergency medical treatment required by my child during the course of the visit.
2. \*I confirm that my child does not suffer from any medical condition requiring regular treatment **OR** my child suffers from:  
.....  
requiring regular treatment (eg diabetes, asthma). (**\*Delete as appropriate**). If your child suffers from a particular complaint, please enclose a letter giving details of the complaint and its treatment.
3. I consent to my child travelling by any form of public or contracted transport and/or in a motor vehicle driven by \_\_\_\_\_ or another member of the party.

Signature of Parent/Carer \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Tel No. \_\_\_\_\_

**NOTES:**

Either there is in force a policy of insurance in respect of this trip which provides cover for the matters referred to below.

**OR** you may wish to consider taking out a policy of insurance to cover any of the various matters referred to below.

The Local Authority through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money.

- If your child has an accident or suffers loss or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the LA, its employees or agents, the LA will not be able to pay any damages or meet any expenses arising.
- Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage caused to the third party's property the LA will not be responsible for this unless it can be shown to be at fault in some way.

**\*I would like to collect my child from West Coast Academy at 4 pm**

*\*Please tick as appropriate*