

07 April 2022

Dear Parent/Carer

**JURASSIC COAST CHALLENGE 2022**

This letter is about a team walking challenge along the Jurassic Coast on Friday 1st July 2022. We are advertising this to students this week.

This will involve a training walk on **Friday 13th May 2022** (Year 8 walkers only), and then the event itself in July, which will be a long day with an early start. The cost of this optional activity will be £20. Your child will need to be suitably equipped to take part – essential for day walks are:

1. Waterproof coat with hood (not “showerproof” or “water resistant”)
2. Waterproof trousers
3. Stout footwear (boots ideal, but not wellies)
4. Warm hat / sun hat if hot
5. Gloves if cold
6. Spare warm clothes
7. Water bottle (1 litre)
8. Packed lunch / snack food
9. Rucksack with thick plastic liner to keep contents dry

Students will need to return the tear-off slip and attached medical form in order to take part. Students will be transported in minibuses or a coach, starting from Isca Academy at 0900 for training on 13th May and **0500** *(not a misprint!)* for the event itself on 1st July.

We are organising this event for Years 8-10 students at Isca and Ted Wragg Trust schools. The event will be a challenge not a race. Some points to note:

* **FRIDAY 1st JULY 2022 is the event date**
* Lyme Regis is the start point at 0700 for all teams at the Cobb car park
* Teams will declare themselves as Bronze, Silver or Gold a week before the start.
* Finish points will be at Branscombe (Bronze – 10 miles), Sidmouth (Silver – 16.2 miles) and Budleigh Salterton (Gold – 23 miles)
* “Crash” times at Branscombe and Sidmouth will determine whether teams continue.
* Regular checkpoints are at 3-5km intervals
* It will be a challenge not a race – there will be JCC medals for all finishers.
* Teams will be 4-6 walkers in number, with any combination of genders and year groups.
* Teams can choose to raise money for charity – our preferred option is Children’s Hospice SW.

Students are advised to return forms as soon as possible as we are likely to be oversubscribed for this event. We will allocate training places on a first come first served basis. Max 50x Year 8, 20x Year 9, 20x Year 10. *(N.B. Years 9/10 will have to have some previous team walking experience e.g. Ten Tors, D of E expeditions, or Exe Valley Challenge)*

It will be physically challenging, covering a distance of 10-23 miles on the tough hills of the magnificent Jurassic Coast. On the day of the event in July, teams will have to complete the course unassisted.

Please return the attached form to school reception, and pay online (ScoPay) by **Tuesday 3rd May**

Yours sincerely



Roger Adams

** *FORM SOE 3/TSOE3***

**PARENTAL CONSENT FOR OFF-SITE ACTIVITIES**

**Dear Parent/Guardian**

**Please complete and return the form below which relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your child to take part in this activity.**

**Isca Academy**

**VISIT OR ACTIVITY**

|  |
| --- |
| **JURASSIC COAST CHALLENGE 2022** |

## DATES AND TIMES

|  |
| --- |
| **Dates as stated in the attached information letter** |

**DATE OF BIRTH**

**NAME OF CHILD OR STUDENT**

|  |
| --- |
|  |

**SPECIAL DETAILS**

Any relevant information concerning your child’s health requiring special attention but which does not prevent him or her taking part should be noted below. For example does your child:

* have any allergies?
* take medication and if so what is the dosage required:
* experience travel sickness?
* have diabetes, asthma or epilepsy?

|  |
| --- |
|  |

**Has your child had any relevant recent illness?**

|  |
| --- |
|  |

**Does your child have any specific dietary requirements?**

|  |
| --- |
|  |

**Do you have any additional comments?**

|  |
| --- |
| 1. I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in the activities described 2. I consent to any emergency medical treatment required by my child during the course of the visit. 3. I confirm that my child is in good health and I consider him/her fit to participate 4. I consent to my child having photographs taken. 5. I confirm I have/will make the appropriate payment for this visit/activity |

**SIGNATURE OF PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact details -** *Minimum of 2 contacts are required*

|  |  |
| --- | --- |
| **Home Telephone Number –** | **Work Telephone Number -**  *Workplace Name -* |
| **Mobile Numbers -**  **1.**  **2.**  **3.** | **Additional contacts -**  *1. Name*  *Telephone Number*  *Relationship to student*  *2. Name*  *Telephone Number*  *Relationship to student* |

**NAME OF FAMILY DOCTOR**

|  |
| --- |
|  |

**APPROXIMATE DATE OF LAST TETANUS INJECTION**

|  |
| --- |
|  |