July 2013 Norway Trek

APPLICATION FORM

Provisional dates: two weeks between 5th and 25th of July 2013, flights depending.

Who can apply? Anyone in Years 9, 10, 11, 12, 13 in September 2012

The following should be returned as soon as possible to Mr Cittanova, under the door of Room S22 in Chemistry or through the letter box of the Activities and Visits Office opposite the School Bookshop.

- **This completed Application Form**
- **A deposit cheque of £200, made payable to 'MGS Trek Account'**
- **Your passport or a full A4 photocopy of page 31**

Please complete all parts, writing 'None' or 'Not applicable' if appropriate.

SECTION A To be completed by the applicant (**Please print legibly**)

Surname:

_____

First name and middle names (**precisely as on Passport**):

_____

Called name if different: _____

Form: _____ Form Room: _____ Form Tutor's surname: _____

Your School e-mail address: _____

Your own e-mail address: _____

Your own mobile number: _____

Nationality(ies): _____ Date of Birth : _____

Age at the start of the Trek: _____ years _____ months

Home phone number (including STD code) :

_____

Home Address (including postcode):

_____

_____

_____

Parents' e-mail address:_____

Parents' mobile numbers:

_____

These will be used in case of emergencies during the practice walks and during the Trek. Please advise us of any change immediately.

Your son will need his own individual passport. If he already has a valid one, please record the Passport Number and Expiry date below.

Please send his passport with this application form or a full A4 size photocopy of page 31.

Number :_____ Expiry Date: _____

If your son is **not** travelling on a British passport, please give complete details:

_____

_____

If travelling on a non-UK passport he may need a visa. It is your responsibility to investigate and arrange this.

Outline details of previous camping experience:

_____

_____

_____

Outline details of previous mountain walking experience:

_____

_____

_____

Outline details of previous trekking experience:

_____

_____

_____

Initials of any members of staff who know his walking capabilities:

_____

SECTION B To be completed by the parent/guardian

(*Most of the following is taken from the standard MGS FORM OF CONSENT for pupils going on any MGS trip but with important additions.*)

I have read the Information and would like my son* to be considered for a place on this Trek.
I understand the nature of the activities involved and I acknowledge the need for responsible behaviour on his part.

While your son's* safety will be our prime concern during the trip, in agreeing to your son* participating in the trip it should be recognised that mountain and wilderness activities inevitably involve an element of risk. The British Mountaineering Council (BMC) has stated that "The BMC recognises that mountain walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

I have discussed the rules of behaviour and warned my son about the potential hazards. This activity is suited for him.
I understand that the insurance cover provided, is the HSBC package the school subscribes to and that details are available from the Bursar.
I give permission for my son* to take part in all practice walks and practice outings. I am fully aware that his acceptance is conditional on attending all Trek practice outings. During the practice outings and the Trek I can be contacted at the home and mobile numbers given in this document. I undertake to inform the member of staff in charge of any changes in medical conditions and telephone contact details which may occur between now and the departure on any of the practice outings or the trek itself.

I agree to reimburse the school or any member of staff for any costs and expenses reasonably incurred and/or other sums reasonably disbursed on behalf of my son before, during or as a result of the trip. I understand that I will lose my deposit and may be owing further costs to the school beyond my deposit if I change my mind about my son going, for any reason. If your son is not accepted we will refund your deposit, but not if he fails to attend the practice outings. The insurance covers for cancellation for some medical and other reasons.

Any known injury, medical condition, allergy, psychological difficulties etc. from which my son is currently suffering or does from time to time suffer or has suffered in the past is described below. This includes full details of any condition and its consequences, and also sets out any special medical requirements (such as drugs, supports, insoles, or other treatment, whether or not self-administered) which may be required. Please disclose in detail any condition, however minor, that may affect your son's walking or lower limbs from hip to toes.

Not disclosing all existing medical or psychological history may invalidate the insurance cover for repatriation.

I will update the list of immunisations he has received in preparation for this trip, and any medication our doctor has advised to take in connection with this trip.

I wish my son to take part in the above educational visit and understand the nature of the activities involved. I acknowledge the need to follow all the rules and instructions. I understand the extent and the limitations of any insurance cover provided. (All boys have the cover of the School's Personal Accident Insurance Scheme, and details of any further proposed insurance are available from the member of staff in charge.)

I authorise any member of staff during the course of the educational visit to approve such medical treatment for my son as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner.

MEDICAL AND DIETARY INFORMATION (Please complete all sections)	
Name of GP/Doctor	
GP/Doctor telephone no	

Please initial ONE **box** ONLY

EITHER My son **does not have** any medical conditions of which you should be aware in order for you to be able to satisfactorily look after him. (Please initial)	
OR My son **does have** a known medical condition, allergy, etc, from which he is currently suffering or does from time to time suffer and this is described in a separate letter attached to this form. This letter includes full details of the condition and its consequences, and also sets out any special medical requirements (such as drugs or other treatment, whether or not self-administered) which may be required. (Please initial)	

Please initial ONE **box** ONLY

EITHER My son **does not have** any special dietary requirements (Please initial)	
OR My son **has** the following special dietary requirements:	

I undertake **to inform** the member of staff in charge as soon as possible of any change in medical circumstances between the date signed and the beginning of the trip. (Please initial)

CONSENT TO MEDICATE ON SCHOOL VISITS

On some school visits we find it helpful to be able to administer the following non-prescribed medicines. We take medical advice wherever possible and administer in accordance with the recommended dosage appropriate to the age of your son. When the need arises we can provide hypoallergenic sun-screen. Please indicate your acceptance in the tick box below:-

MEDICINE	CONSENT	DO NOT CONSENT	ALLERGY TO THIS MEDICINE
Paracetamol			
Antihistamine – for allergic reaction			
Ibuprofen – to reduce inflammation			
Immodium – for Diarrhoea			
Bisodol - for Acid Indigestion, Heartburn, Trapped Wind			
Dioralyte			

EMERGENCY PARENTAL CONTACT ONLY IF CHANGED SINCE LAST SCHOOL RECORDS DATA COLLECTION

Include here any temporary contacts if away on holiday etc at time of visit

	Home	Work	Mobile
1			
2			

Parents email address @

I undertake to inform the School as soon as possible of any change in contact numbers

Parental declaration**: I confirm that all details on this form are complete and accurate and that my son is aware of and agrees to abide by the Rules of Behaviour during Visits as per the school diary.**

Print Name _____ Parent/Guardian (please delete)

Signature _____ Date _____

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