

# La Thuile 2016

## Outward Journey

**Depart:** Please be at North Berwick High School for **10.00am** on Saturday 23<sup>rd</sup> January (you **do not** need to arrive earlier).  
The coaches will arrive around this time, and we will leave once we have packed.

**Ferry:** Booked onto 22.25 ferry from Dover to Calais

**Arrival:** Arriving in La Thuile around lunchtime on Sunday 24<sup>th</sup> January

## Contact Details

**Hotel:** Planibel Hotel, La Thuile Tel: +39 0165 884541

**Emergency contact:** Mrs Rodger (High School) 07964 869678

**Emergency contact in La Thuile:** Mrs Bloomfield Tel: 0044780 555 4792

**Live updates:** <http://twitter.com/NorthBerwickHS>

## Return Journey

**Depart:** Saturday 30<sup>th</sup> January after evening meal

**Ferry:** Booked onto 07.05 ferry from Calais to Dover 31<sup>st</sup> January.

**Arrival:** Hopefully some time between 6 and 7 pm on Sunday 31<sup>st</sup> (please check twitter for updates)

## Other Reminders

- Bring plenty of warm clothes
- Bring food and drinks for the journey (no nuts, no breakable bottles or flasks, no high-caffeine drinks please)
- Make sure any ipods etc are fully charged before you depart and only have age appropriate films/games etc.

See you a week on Saturday.

Mrs Bloomfield

## **Ski trip La Thuile 2016 Pupil Contract**

We expect all our pupils to act responsibly, unselfishly and in a polite manner. To ensure the enjoyment and well being of all party members and to maintain the good reputation of North Berwick High School we ask the pupils to agree to the following:

1. I agree to participate fully in all aspects of the trip.
2. I agree to carry out the instructions of the teaching staff and other adults within the party, the coach drivers, my instructors and Interski staff.
3. I agree that I will only ski with my instructor or one of the qualified North Berwick staff.
4. I will be on time for all activities.
5. I will not leave the hotel on my own or without having the permission of a member of staff.
6. I will respect and be responsible for my room, the hotel and its surroundings and will pay for any damage I cause.
7. I will respect other people's privacy and belongings.
8. I agree to act in a responsible manner and be a good ambassador for my school.
9. I agree that during the trip, I will not:
  - a. smoke
  - b. buy or drink alcohol
  - c. buy or be involved with fire works, bangers or BB guns
  - d. buy or be involved with illegal substances
  - e. take part in any sexual activities during the trip.
10. I will wear my seat belt on all occasions when travelling on the coach.
11. I will only use my mobile phone in a responsible manner.

In the event of any behaviour which breaks this contract, a pupil will face sanctions in Italy and/or on return to school.

In the event of a serious incident the pupil will be sent home at the parent's expense.

**Pupils name** \_\_\_\_\_

**Pupil's signature** \_\_\_\_\_

**Parent's signature** \_\_\_\_\_

**Thank you for your cooperation**      **Joanne Bloomfield Party Leader**

## Skiing/Snowboarding ability

Name: \_\_\_\_\_

Could you please aid us in organising the ski groups by completing this form as fully as possible?

1. Has your child ever put on a pair of ski boots before?

Yes/no

2. Has your child ever skied on snow?

a) No

b) Yes

i. When was their most recent experience? \_\_\_\_\_

ii. What level did your child reach? \_\_\_\_\_

iii. How many weeks have they been on snow? \_\_\_\_\_

iv. Where did they ski on snow? \_\_\_\_\_

3. Which of the following is your child able to do?

a) Snow plough turns \_\_\_\_\_

b) Plough parallel turns \_\_\_\_\_

c) Parallel turns \_\_\_\_\_

4. Has your child ever skied at Hillend (an artificial slope)?

a) No

b) Yes

i. What level did they reach? \_\_\_\_\_

ii. How many lessons (please say whether these were private lessons or block of lessons)? \_\_\_\_\_

5. Has your child ever skied at Xscape (indoor snow)?

a) No

b) Yes

i. What level did your child reach? \_\_\_\_\_

ii. How many lessons did they have? \_\_\_\_\_

Thank you

Joanne Bloomfield

**EAST LOTHIAN COUNCIL  
DEPARTMENT OF EDUCATION AND COMMUNITY SERVICES**

**PARENTAL CONSENT FORM**

Excursion	S2 Snowsports trip	23 <sup>rd</sup> – 31 <sup>st</sup> January 2016	Date of birth .....
Name of participant .....			Age .....
Home Address .....			
Telephone number(s) Home .....		Work .....	
Alternative for use in emergency .....			
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 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 (eg to penicillin)? .....			
If 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? .....			
Has your child/ward any medical condition which a doctor should know about before carrying out treatment (eg Asthma) .....			
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 .....			
<b>For water-based activities only</b>			
I certify that my child/ward cannot swim / can swim 50 metres / is confident in cold water wearing a buoyancy aid. (Ring as appropriate)			
Signature .....		Date .....	
<b>Insurance Information</b>			
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.			
<b>Declaration</b>			
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.			
Name (Block Capitals) .....		Parent/Guardian	
Signature .....		Date .....	