

**DOLYGAER ACTIVITY - INFORMATION PACK**

**ABOUT SCHOOL CAMP LTD**

School camp Ltd provides a wide range of innovative off site adventurous outdoor activity events. Our products include, Outdoor Activity days, Adventurous Activity Camps, Curriculum Enhancement Camps, Teambuilding days, BTEC / PE Outdoor Adventurous Activity Modules and Geography Field Trips.

|  |  |
| --- | --- |
| Description: The Duke Of Edinburghs Award Approved activity provider | **AN APPROVED D of E ACTIVITY PROVIDER**  School Camp Ltd is proud to be a Duke of Edinburgh's Award Approved Expedition Activity Provider. We have been involved in the expedition section of the award in many formats for the last 10 years and understand the needs of groups and individuals. We offer Bronze, Silver and Gold expeditions across the UK by Canoe, Bike and on Foot. |
| homepage-aala | **AN ADVENTUROUS ACTIVITIES LICENCE HOLDER**  School Camp Ltd is certified by the Adventurous Activities Licencing Scheme. Holders of this quality badge are able to offer adventurous activities to groups and under 18s.  **WHY BOOK WITH US ?** |

**EXPERIENCED COMPANY -** The director is a trained teacher and has been working with the D of E award for over 10 years. Our full time instructors have a combined wealth of expedition experience in the field.

**BIG ENOUGH TO DELIVER – SMALL ENOUGH TO CARE –** You can be assured that we have the equipment and manpower to delivery you programme year on year even if your numbers increase.

**FULLY RISK ASSESSED -** All our activities, accommodation and activity locations are fully risk assessed by our staff. Copies of the risk assessments can be made available should you require this.

**FULLY INSURED -** All our activities and residential camps are covered by our comprehensive outdoor industry specific insurance policy. Our insurance will satisfy all LEA requirements.

**MODERN REGULARLY REPLACED EQUIPMENT -** We are proud of our equipment which is regularly maintained and replaced to ensure it is of the highest standard. Our policy is not to buy cheap but to buy equipment that allows people to develop skill and not just ‘participate’ in the activity.

**HIGHLY QUALIFIED FRIENDLY STAFF -** All our staff have been hand-picked for their ability to relate to and develop skills in young people. We are lucky to have a strong instructor base from which you can be assured that you will receive only quality staff. We only use Mountain leader and Level 3 canoe coaches in our expedition section delivery programmes. All of our staff will have been CRB checked in line with our company policy. We only use enhanced CRB checks for our staff.

**ACTIVITIES AND PRICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YOUTH GROUP ACTIVITY PRICES** |  | | group numbers | | |
|  |  | | 1 to 10 | | 10 + |
| CLIMBING / ABSEILING (Morlais Quarry) | half DAY | | £200 | | £20 a head |
| CANOEING (Pontsticill reservoir) | half DAY | | £200 | | £20 a head |
| MOUNTAIN BIKING (Hills around Pontsticill reservoir) | half DAY | | £250 | | £25 a head |
| GORGE WALKING (Pontneddfechan) | half DAY | | £250 | | £25 a head |
| RAFT BUILDING (Pontsticill reservoir) | half DAY | | £200 | | £20 a head |
| Team Building (at Dolygaer) | half DAY | | £175 | | £17.50 a head |
| 1/2 Day packages are 3 hours long with choice of AM or PM to be confirmed with our office. | | | | | |
|  |  |  | |  | |
| ***OFFERS - MULTI ACTIVITY AND WHOLE DAYS*** | | | | | |
|  |  | 1 to 10 | | 10 + | |
| CLIMBING and CANOEING | DAY | £300 | | £30 a head | |
| BUSH CRAFT and BIKING | DAY | £300 | | £30 a head | |
| CANOEING and BUSH CRAFT | DAY | £300 | | £30 a head | |
| MOUNTAIN WALK (5 hrs) | DAY | £200 | | £20 a head | |
| Day MULTI ACTIVITY packages are 2 x 2.5 hours long. You will return to Doylgaer between activities. | | | | | |
| Full Day packages are 6 hours long. Sessions include a lunch break (packed lunch will should be brought with you). | | | | | |
|  |  |  | |  | |
| ***BEST PRICE GROUP OPTION (13 person or more)*** | | | | | |
|  |  | 1 to 10 | | 10 + | |
| TWO GROUPS DOING THE SAME ACTIVITY BACK TO BACK minimum total of 13 persons (example 17 paying persons 8 CLIMBING AM then 9 CLIMBING PM) | 2 x half days |  | | £17.50 a head | |
| Back to Back Day packages are 2 x 2.5 hours long and must be the same activity. | | | | | |
|  |  |  | |  | |

**OUR INSURANCE POLICY**

It is always reassuring to know that we have a comprehensive and outdoor activity specific insurance policy. This provides public liability and product insurance of up to £5,000,000.

The policy is issued by Jardine Lloyd Thompson (Thistle insurance services limited) with a policy number of CGLB06L000/1187

**HEALTH AND SAFETY EXECUTIVE - ADVENTUROUS ACTIVITIES LICENCE**

School Camp Ltd holds a two year activity licence which is due for renewal on the 25.10.2014

Our licenced activities include.

Kayaking, Open Canoeing, Improvised rafting, Rock climbing, Abseiling, Gorge Scrambling,

Coast steering, Orienteering, Hill Walking & Mountaineering, and Off road Cycling

**RISK ASSESSMENTS and RISK**

Every activity we provide is full risk assessed. We risk assess each location and activity and provide the necessary equipment and run the activity in a way that minimised the risk to the individual.

There is ways a small risk when spending time and participating in activities outdoors. Students have been known to get blisters and small cuts and grazes and these are swiftly dealt with by our instructors. Parents should be made aware of the nature of the activities to be undertaken so that they understand the risk.

**ALLOCATION OF RESPONSIBILITY / DUTY OF CARE**

During your event we will support you and your group. The following is designed to ensure you are aware of your staffs responsibilities before during and after the event.

**SCHOOL CAMP LTD WILL BE RESPONSIBLE FOR**

* The health and safety of the group through-out the scheduled activities provided by School Camp Ltd.
* Ensuring one first aider (normally the event manger) is on hand.
* Ensuring that our staff have been CRB checked in line with our company policy.
* In the event of an emergency, and where your staff are not available you agree that our instructors will act in the best interests of the individuals involved.
* In the event of an emergency we may provide emergency transportation for the casualty, were an ambulance is not required. This is not part of the paid service and permission will be granted by the adult acting in loco parentis for transportation under drivers own insurance.

**YOUR STAFF ARE RESPONSIBLE**

* For the arrangement and payment of your transport to and from the event, and between activities (where required)
* For the health and safety of your young people during any transportation.
* For collecting and supplying medical information and parental permission (in line with our companies own consent forms) and for sharing this information with us and our instructors before your event.
* Ensuring the duty of care is maintained in line with your own procedures is throughout the trip.
* For supplying one member of staff per activity group who will be responsible for acting in loco parentis should this be required.
* For the transportation and removal of any young person that opts out or is removed from the activity for behavioural reasons.

**MEDICAL / CONSENT FORMS**

You have two options for supplying us with medical information and consent for participant in the booked activity.

**OPTION 1**

Use our permission forms. One for each participant which has been signed by their parent or guardian

**OPTION 2**

Use our group permission form. Single form signed by leader.

This can be used if you are able to act in loco parentis for each and every participant. By using this form you confirm that you have informed the parents / guardians of the nature of the activity to be undertaken. You agree to supply to us on the day the same medical information as requested by our own medical form for each participant although this can be in a format of your choice.

If you would like to use this option please fill out the group booking form and ensure that you have included the name of each participant.

**ADULTS**

Please note that any adult participating in the activity should bring along an individual permission / medical form signed by themselves.

**ACTIVITIES EQUIPMENT LIST**

***Standard equipment for activity sessions:***

* Waterproof trousers and jacket
* Warm coat / Jumper
* Water bottle (2 litres) and lunch
* Fine weather - Sun cream, sun hat and sun glasses
* Cold weather - warm hat and gloves
* Any personal Medication

*Optional*

* camera

|  |  |
| --- | --- |
| ***Canoeing and kayaking Activities:***   * Towel – large enough for changing under * Complete set of clothes that can get wet * Secure footwear / trainers that can get wet * Plastic bag for your wet clothes | ***We provide:***   * Canoes and kayaks * Buoyancy aids * Helmets * Paddles * Spray decks (advanced clients only) |

|  |  |
| --- | --- |
| ***Climbing activities:***   * Secure trainers or boots * Sports clothing allowing full movement. | ***We provide:***   * Harnesses * Helmets * Ropes and other equipment |

|  |  |
| --- | --- |
| ***Biking activities:***   * Secure trainers   *We recommend*   * Long sleeved top * Long sleeved trousers * Gloves | ***We provide:***   * Mountain bikes * Helmets |

|  |  |
| --- | --- |
| ***Mountain walking activities:***   * Secure well-fitting boots * Snack foods * Flask of hot drink | ***We provide:***   * Maps * Compasses |

|  |  |  |
| --- | --- | --- |
| **SCHOOL CAMP Ltd.**  **WHOLE GROUP CONSENT FORM**  ***Activity (s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  | **Organisation name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Organisation Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Postcode : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Organisation Contact number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Organisation Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trip**  **Leader**  **(Contact information during event)** | **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | |
| **List of trip participants**  **(First and Last names)** |  |  | |  |
| **Group**  **Consent**  **Statement** | *We are fully aware of the nature of the proposed event and the details of each of the contained activities and understand the risks involved in each. By signing this form can I confirm that we are satisfied that the Parents and legal guardians of each and every person named on this form has given permission for their child to participate in every aspect of the event. Our staff who will be accompanying the group have been given the power to act in ‘loco parentis’ and make any decisions that may be required during the trip if the parent cannot be contacted*  *We understand that the proposed activities require a strict behaviour code and the ability to follow instructions and should anyone fail to meet these requirements then we understand that they may be removed from the activity without refund.*  *I agree that any employee of school camp Ltd leading any activity may perform first aid to any person named on this form and that School Camp Ltd. employees can give permission, in the absence of any of your staff, for the persons named on this form to receive emergency service medical treatment in the case of an emergency.*  *We understand that photographs may be taken by the company and used for promotional purpose on leaflets, emails and their websites. We understand that any photos taken by the company, emailed to the company or uploaded to Facebook by participants / clients become authorised for company use. We understand that we are required to inform the company of any person who has requested that photos containing their facial image should not be used in this way.*  *I agree to provide School Camp Ltd. with the following required information at the event and before the start of the session. I give permission for them to disseminate this information to their staff as required in order to safely run our event. Required information - Students names, Swimming ability, Medical information (history and present), Special educational needs, and any other information that may affect a student’s emotional physical wellbeing during the event.*  *I understand that any new information or altered medical circumstances should be disclosed to School Camp and that that School Camp Ltd are unable to accept liability for any further injury or discomfort caused by any undisclosed or any disclosed current / previous conditions.*  *We have taken every care to ensure the information provided is accurate and have completed this form to the best of our knowledge.*  *I am authorised on behalf of the organisation to sign this form.*  **Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

|  |  |  |
| --- | --- | --- |
| **SCHOOL CAMP Ltd.**  **EVENT CONSENT FORM**  ***Event : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  | **Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Sex : M / F Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Postcode : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

***This form must be completed by a parent / guardian if the participant is under 18 years of age.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency contact during the event** | **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship**  **to participant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Landline : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Postcode : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Medical**  **Details** | *Please provide details of any medical conditions, allergies, medication being taken, disabilities or injuries (present and past)...* | | | **Have you ever experienced..**  🞏 Joint / Muscle pain 🞏 Broken bones  🞏 Back problems  **Do you suffer from..**  🞏 Asthma 🞏 Diabetes 🞏 Epilepsy  🞏 Hay fever 🞏 Heart conditions  **If you have ticked any box above, please detail left or on the reverse of form** |
| **Date of Last tetanus injection if known : or within Last 10 years? Y / N** | | | |
| **Dietary Needs**  ***(Residential events only)*** | *Please provide details of any Dietary requirements or allergies.* | | | |
| **Water confidence** | *Please provide details of swimming ability by ticking one of the following statements right...* | 🞏 **Confident Swimmer** (Able to swim 200m without aid)  🞏 **Basic Swimmer** (Can swim 50m with ease unassisted)  🞏 **Non swimmer** (25m or less or requires assistance) | | |
| **Activity**  **Consent** | *I am aware of the nature of the proposed adventurous activities and fully understand the risks involved. By signing this form I give consent for the above person to participate in the activities. I / we understand that such activities require a strict behaviour code and the ability to follow instructions. Should I / my child fail to meet these requirements then I understand that I / they may be removed from the activity without refund.*  *I agree that any employee of school camp Ltd leading the activity may perform first aid to the person named on this form and that they can give permission for the person named on this form to receive emergency service medical treatment in the case of a medical emergency.*  *On occasion photographs may be taken by the company and used for promotional purpose on leaflets, emails and our websites. All photos taken by the company, emailed to the company or uploaded to Facebook by participants or clients become authorised for company use. If you do not wish for any photos containing the facial image of the person name on this form to be used in this way please contact the company.*  *I have completed this form honestly and to the best of my knowledge. I know of no undisclosed condition that will impede the person named on this form during what can be physical and emotional challenging activities. If medical circumstances of the person named on this form changes before the activity I agree to inform the company directly. School camp Ltd accepts no liability for further injury or discomfort caused by any undisclosed condition.*  **Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |