



RYDE SCHOOL
WITH UPPER CHINE

Please attach
photograph

Ryde School Summer School 2019 Registration Form - Local

(Aged 5 – 15)

Only one child per form

Pages 1 – 3 / 4 and Page 7 must be completed by ALL applicants

CHILD'S DETAILS

Surname: _____
(As it appears on birth certificate/passport)

First Names: _____
(Please underline the name generally used)

Date of Birth: _____

Gender: _____

School Attended: _____

Year group: _____

First Language: _____

Nationality: _____

SPECIAL CIRCUMSTANCES

Are there any circumstances relating to your child of which the Summer School staff should be aware? Please tick as appropriate. We request that you update the school should these or other circumstances change.

Allergies

Dietary Needs

Medical Condition

Hearing impairment

Visual impairment

Other

Other: (E.g. a condition not stated above, a parental illness of which we should be aware, etc.)

ALLERGIES, MEDICAL CONDITIONS, DIETARY REQUIREMENTS

Please give details of any allergies, medical conditions or dietary requirements.

DECLARATION (to be completed by ALL applicants)

Did your child attend Ryde Summer School 2018?

YES

NO

If your child did not attend Ryde Summer School 2018 then all the Annexes to this form **MUST** be completed.
Appendix D only for Love Horses Learn English Repeat Bookings Only:

If there have been any changes to your child's medical details since 2018 then please complete **Appendix C**
 If you wish to make any changes to your permissions then please complete **Appendix A**

NOTES

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability, the admission requirements of the Summer School, timely receipt of payments. A copy of the current edition of the standard terms and conditions are supplied.

This form should be returned either by:

- post to Naomi Fowke, Ryde School, Queen's Road, Ryde, Isle of Wight PO33 3BE
- email to nhf@rydeschool.net

I/We request that the name of the above-named child be registered as a participant in the Summer School 2018.
 I/We have read and understood the terms and conditions, I/we understand that our child's place is only secured upon payment of the deposit and course fee balance by the stated deadlines.

I/We understand that the School will process personal data about us (or either of us) and our child, including sensitive personal data (such as medical details/dietary needs), for the purpose of administering the Summer School and its list of participant pupils. We understand that the School, in accordance with its duty of care, will share this information with activity providers, catering department, residential carers and medical professionals as applicable.

I/We agree to PAY THE FULL BALANCE OWED, prior to attendance.

I/We wish to use child care vouchers as part of our payment method

Name of child care voucher scheme: _____

Ryde School Bank Name: HSBC Bank plc
 Account Sort Code: 40-39-17
 Account Number: 51438123
 IBAN: GB48HBUK40391751438123
 BIC/SWIFT Code: HBUKGB4152N

Please ensure that **Summer School** and your **child's name** is quoted as a payment reference.

We confirm that we have read the Summer School terms and conditions and agree to abide by them:

First Signature: _____

Second Signature: _____

Name in full: _____

Name in full: _____

Relationship to the Child: _____

Relationship to the Child: _____

Date: _____

Date: _____

Name:.....

Date of Birth:

Course Booked:(please tick)

Young Adventurers (5 to 7)
(School based only)
Please use booking form below

The Island Pony Project (10 to 15)
(School & Island based)
Full week only - see page 4 for booking form

Sports & Activities (8 to 13)
(School based only)
Please use booking form below

PLEASE USE THE FORM BELOW TO BOOK YOUR SESSIONS AND HELP CALCULATE YOUR TOTAL PRICE

	15 July (Week Beginning)						Total
	£8.00 Breakfast 08.00 - 09.00	£26.00 Morning Session only 09.00 - 13.00	£21.00 Afternoon Session only 13.00 - 17.00	£8.00 Supper 17.00 - 18.00	£42.00 All Day 09.00 - 17.00	£11.00 Breakfast & Supper	£
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
						Total	

	22 July (Week Beginning)						Total
	£8.00 Breakfast 08.00 - 09.00	£26.00 Morning Session only 09.00 - 13.00	£21.00 Afternoon Session only 13.00 - 17.00	£8.00 Supper 17.00 - 18.00	£42.00 All Day 09.00 - 17.00	£11.00 Breakfast & Supper	£
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
						Total	

	29 July (Week Beginning)						Total
	£8.00 Breakfast 08.00 - 09.00	£26.00 Morning Session only 09.00 - 13.00	£21.00 Afternoon Session only 13.00 - 17.00	£8.00 Supper 17.00 - 18.00	£42.00 All Day 09.00 - 17.00	£11.00 Breakfast & Supper	£
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
						Total	

	5 August (Week Beginning)						Total
	£8.00 Breakfast 08.00 - 09.00	£26.00 Morning Session only 09.00 - 13.00	£21.00 Afternoon Session only 13.00 - 17.00	£8.00 Supper 17.00 - 18.00	£42.00 All Day 09.00 - 17.00	£11.00 Breakfast & Supper	£
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
						Total	

NB: Please complete Page 7

THE ISLAND PONY PROJECT BOOKING FORM

If you are booking The Island Pony Project as your chosen course, you must complete APPENDIX D

Please tick your chosen options:

The Island Pony Project (10 to 15)
(School & Island based)
Full week attendance only
Residential option available

Week beginning:

15 July

22 July

Non-Residential
Monday to Friday 08.00 - 18.00
Inclusive of three meals
Price £400

Residential
Sunday 19.00 to Friday 19.00
Inclusive of all meals, care and
accommodation for the period
stated
Price £650

Please note that parents choosing the residential option will need to drop their child at the boarding house at the beginning of their stay on the Sunday, and collect them at the end of the Friday.

NB: Please complete Page 7

RYDE SCHOOL – SUMMER SCHOOL KIT LIST



RYDE SCHOOL
WITH UPPER CHINE

All items must be clearly labelled with your child's name

	Young Adventurers Age 5 - 7	Sports & Activities Age 8 - 13	The Island Pony Project Age 10 - 14	
Sun block	Every day	Every day	Every day	
Sunglasses	Every day	Every day	Every day	
Sun hat	Every day	Every day	Every day	
Coat - waterproof	Every day	Every day	Every day	
Trainers	Every day	Every day	Every day	
Back pack (small day sack)	Every day	Every day	Every day	
Water bottle	Every day	Every day	Every day	
Towel	Every day	Every day	X	
Change of underwear for water sports days	X	X	X	
Wet suit boots (for water sports)	X	X	X	
Swimming costume/trunks	X	X	X	
Long trousers for horse riding - NOT leggings	X	X	Every day	
Clothes suitable for fitness	X	X	Every day	
Shoes/boots with suitable heel for horse riding	X	X	Every day	

Change of clothes (very young children)

If your child has their own clothing for sailing they may bring this, but they are responsible for packing it up at the end of the session

RYDE SUMMER SCHOOL – NON RESIDENTIAL TERMS AND CONDITIONS

1. The minimum number of participants for the Summer School is 14.
2. Summer School places will only be allocated upon:
 - a. receipt of Registration Form;
 - b. and confirmation of Receipt of payment by bank transfer. Summer School places will be allocated on a first come, first served basis.
3. Full payment before attendance.
4. Child care vouchers are acceptable means of payment. Please discuss this payment option with the Bursary.
5. Ryde School reserves the right to cancel the programme should the minimum number of participants not be achieved.
6. Places are forfeited if payment is not met prior to the first day of attendance.
7. A refund will not be given for illness or repatriation in the event of an accident.
8. All Summer School documentation must be returned by the **1 July 2019**.
9. Ryde School does not accept responsibility for the loss of any personal belongings brought to the Summer School.
10. Personal belongings are brought at the owners risk and should be covered by their own insurance.
11. All mobile phones are to be handed in to the staff for safe keeping at the start of the day and will be returned at the end of the day.
12. Summer School staff reserve the right not to take children outside of the School grounds if the staff are not confident that an individual child will cooperate fully with the accompanying staff.
13. Summer School staff reserve the right to exclude an individual child from any activity if their behaviour poses a loss of enjoyment or danger to the other participating children or staff.
14. Summer School staff will not tolerate from any participating child, violent or disruptive behaviour, bad language, bullying of another child, inappropriate sexual behaviour.

7
PARENTS DETAILS

Please complete all appropriate sections and tick relevant box to indicate to which address correspondence and invoices should be sent.

FATHER (Correspondence address) Fee payer? Yes No

Title: _____ Full Name: _____

Address: _____

Occupation: _____ Email Address: _____

Daytime Telephone: _____ Evening Telephone: _____

Skype Address: _____ Mobile: _____

MOTHER (Correspondence address) Fee payer? Yes No

Title: _____ Full Name: _____

Address: _____

Occupation: _____ Email Address: _____

Daytime Telephone: _____ Evening Telephone: _____

Skype Address: _____ Mobile: _____

EMERGENCY CONTACT DETAILS

Parent? Guardian? Other? _____

Title: _____ Full Name: _____

Address: _____

Daytime Telephone: _____ Evening Telephone: _____

Skype Address: _____ Mobile: _____

Email Address: _____

Relationship to Child: _____

Is your child a Ryde School pupil?

YES

Please complete Appendices A and B

NB If you have selected The Island Pony Project as your chosen course, you **MUST** complete **APPENDIX D**

NB: If your child attended Ryde Summer School 2018, please complete Appendix C if any circumstances have changed.

NO

Please complete ALL Appendices (A, B & C + D if relevant)



**RYDE SCHOOL – SUMMER SCHOOL
PERMISSIONS FORM**

Appendix A

Child's Name Date of Birth

Permission Required	Yes	No
<p><u>VISITS</u></p> <p>I give permission for my child to participate in visits during the Summer School. I understand that a qualified member of staff will always supervise these visits. I understand that a full risk assessment will be made of each visit. I understand that these may include:</p> <p>Local visits to places of environmental interest, the beach.</p>		
<p><u>ON SITE ACTIVITIES</u></p> <p>I give permission for my child to participate in all the activities arranged, during the Summer School. I understand that a qualified member of staff will always supervise these visits. I understand that a full risk assessment will be made of each activity.</p>		
<p><u>OFF SITE ACTIVITIES</u></p> <p>I give permission for my child to participate in all indoor and outdoor activities which are organised by the Summer School. I understand that these activity sessions will be with approved providers and under the direct supervision of their fully qualified instructors. I understand that a full risk assessment will be made of each activity. I understand that these may include outdoor and hazardous pursuits.</p>		
<p><u>PHOTOGRAPHS</u></p> <p>I give permission for my child to have his/her photograph taken during summer school trips and other activities. I understand that these images may be: uploaded on the school website; used on the schools official social media sites; printed in the local paper or used for other publications; shared with other parents from the participating group via WhatsApp or email.</p>		
<p><u>COMMUNICATION</u></p> <p>I give permission for my email address/mobile phone number to be included in group communications with other parents from the participating group via WhatsApp or email during my child's time at Ryde School – Summer School.</p>		
<p><u>FUTURE MARKETING</u></p> <p>We would very much like to keep you informed of future events and opportunities at Ryde School. Please indicate whether you are happy to receive future emails from us.</p> <p>You can opt-out of future emails at any point via shrw@rydeschool.net</p>		

PRINT NAME (Father) Signature

PRINT NAME (Mother) Signature

Date



**RYDE SCHOOL – SUMMER SCHOOL
CODE OF CONDUCT**

Appendix B

Child's Name Date of Birth

Ryde School expects participants and parents to abide by the following conditions:

- The child maintains their best effort to uphold high standards of behaviour at all times.
- The child maintains their best efforts to cooperate fully with the adults, staff and instructors responsible for delivering activities during the Summer School.
- The child maintains their best efforts to abide by the rules and expectations as set out during their induction by Summer School staff and activity providers.
- The child is considerate of others.
- The parents remain supportive of the School and any decisions and/or action which may be made in the best interests of their child's safety and/or social development.
- Ryde School staff reserve the right to withdraw any individual child from an activity in the event that the individual child cannot demonstrate self-control and reliability.
- Ryde School staff reserve the right to withdraw any individual child from an activity in the event that the individual child's behaviour and actions present a risk to themselves or the safety of others.

Declaration:

We have read and understood and agree to abide by the above terms and conditions of the code of conduct.

Signed Print Name..... Father

Signed Print Name..... Mother

Signed Print Name..... Child

Date

RYDE SCHOOL – SUMMER SCHOOL - MEDICAL INFORMATION – Appendix C

Surname: _____ Christian Names: _____
 Date of Birth: _____ National Health No: _____
 Address: _____

 Home Telephone Number: _____
 Day Time Contact Number of Both Parents: Mother: _____ Father: _____

Family Doctor: _____ Dentist: _____
 Telephone Number: _____ Telephone Number: _____

Known Allergies (Food, Penicillin, Bee Stings, Etc) _____

 Special Medical Condition (Asthma, Diabetes, Petit-Mal, Etc) _____

 Treatment: _____
 Has your son/daughter been vaccinated against Tetanus? Yes Date _____ No
 Does your son/daughter have a heart condition? Yes No
 Does your son/daughter have any phobias? Yes No
 Has your son/daughter require any of the following; (Please Tick)
 Inhaler Epipen Diabetes control
 Other
 Has your son/daughter had any other serious illness or operation?
 Is your son/daughter presently under care of a specialist in any field? Yes No
 If Yes please give details _____
 Does your son/daughter take any permanent or regular medication? Yes No
 If Yes please give details _____
 Any other information you feel would be useful to the School Staff _____

Please Complete & Sign Section Overleaf

Pupils who require an inhaler must carry this with them at all times.
Pupils who require an epipen – **two** must be provided to the Summer School staff. For all other medication please complete the form below.

PERMISSIONS TO ADMINISTER MEDICATION PRESCRIBED BY A FAMILY DOCTOR:

Condition or illness

MEDICATION

Name, type of Medication (as described on the container).....

For how long will your child take this medication

Date issued

Full directions for use:

How much When

Special instructions (e.g. with or without food)

DECLARATION

- I understand that all medication must be handed to and collected from the duty member of staff.
- I understand that Ryde School accepts no liability in the event that, for whatever reason, the medicine is not administered.
- I enclose a letter from my child's doctor confirming my child's medical condition, the prescription, and dosage.

SignedDate

ALLERGIES:

EMERGENCY TREATMENT CONSENT

In the event of a medical emergency and that I am not contactable I give consent for a member of the Ryde School Staff to sign for emergency medical treatment, aesthetic, blood transfusion on my behalf.

I understand that in the event of an emergency the School will make every effort to contact me and keep me fully informed of my child's welfare.

PRINT NAME (Father) Signature

PRINT NAME (Mother) Signature

Date

Name and telephone number of relative or close friend who could be contacted in an emergency if parent is unavailable:

.....



Island Riding Centre

EQUESTRIAN COMPLEX • HOLIDAY ACCOMMODATION

If you have chosen The Island Pony Project, please complete this form

Rider Registration

Confidential (Please complete all sections)

Name of equestrian establishment:

First Name:

Surname:

Member's Address:

Postcode:

Tel (Home):

Tel (Mob):

Email:

Date of Birth:

Age:

Weight:

Height:

Occupation:

Have you, or the rider you are signing for, ever suffered a serious injury or discomfort while riding, or been advised not to ride?

Yes No If yes, please describe:

Please detail any disability or medical conditions that may affect your ability to ride. This may include but not be limited to any back problems and any condition, which can affect balance or cause blackouts/ loss of consciousness/ fitting etc.:

Emergency Contact

Contact Name & Relationship:

Tel:

I consider myself (or the person riding for who I am signing on behalf of as a minor) to be a:

Complete beginner Beginner Novice Intermediate Advanced

How many times have you or the rider ridden in the last 12 months?

None Under 12 12 - 40 40+

What do believe your or the rider's capability on a horse or pony to be?

Riding at a walk Trotting with stirrups Trotting without stirrups Cantering Hacking

Riding over jumps up to 0.5M (18") Riding over jumps up to 0.75M (30") Riding over cross country jumps

- I confirm that to the best of my knowledge all the above details are correct.
- I have read the Horse Riders' Code of Conduct overleaf. I understand that riding at any standard has inherent risk that I may fall off and could be injured.
- I accept that risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
- Where I am signing on behalf of a minor I have explained the Riders' Code of Conduct to my child and we both accept the risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
- I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.
- Data Protection Act 1998: Statement: I understand that information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

Signature:

Date:

Name:

(If signed on behalf of a minor)

Rider's Name:

Relationship to minor

To be completed by instructor / supervisor

This client has been assessed and our judgment of their capabilities is as follows:

Complete Beginner (Lead rein/Lunge) Beginner (Beginning Walk & Trot Independently)

Novice (Walk, Trot, and Canter Independently) Intermediate (Jumping, Stage 1) Advanced (Stage 2, Equivalent and above)

Name:

Position:

Signature:

Assessment Lesson Content:

Walk

Trot

Canter

Jump

W/O Stirrups

Lateral

Horse Used:

Date:

Time:

Lesson Type:



The Horse Riders' Code of Conduct

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- I may fall off and could be injured. I accept that risk.
- I understand that instructions are given for my safety and agree to follow instructions given to me by staff and instructors of the riding school.
- I reserve the right not to ride a horse allocated to me and may request a change of instructor.
- I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat whilst riding, leading and grooming horses at the riding school. I understand it is my choice whether or not I wear a body protector.
- I understand that the riding school will make decisions based on information I give them and agree to always be honest and volunteer information about:
 - my abilities and riding experience
 - any previous riding accidents
 - any medical condition(s) which may affect my ability to ride
- I understand that children are at particular risk around horses and agree that I will keep children that I am responsible for, under close supervision when they are not being instructed by the riding school.
- I understand that the riding school may refuse my request to ride for safety or operational reasons.
- I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to ride the course including any jumps which form part of it. If I am in any doubt, I will use my judgment and experience and not enter.

Signature:

Date: