

**Dear Parents**

**Duke of Edinburgh International Award: Adventurous Journey to Cyprus 12-20 Feb,2016**

As part of the Duke of Edinburgh International Award (IA), students are expected to undertake an Adventurous Journey (AJ) – a purposeful journey of 2 days & 1 night for Bronze, 3 days & 2 nights for Silver and 4 days & 3 nights for Gold. Students work in small groups, planning, navigating, and camping independently. Students are assessed on how they practise the skills they learn throughout the various practice camps. They are given as much independence as possible during their journey while remotely supervised by teaching staff for backup in case of emergency.

Your child has been invited to apply for a place on the school's AJ to Cyprus. Departing February 12 and returning on February 20, 2016 (dates will be confirmed when we have booked flights). Students will spend eight days in Cyprus in Akamas peninsula which is a safe area that provides excellent wild camping, walking and exploring territory.

The cost of the trip is SR5000 and includes transportation, hotel accommodation 2 nights before and one night after. School chaperones will travel with the students. The school will provide stoves and fuel for cooking, but all food must be provided by the students in accordance with the IA regulations. The students will take food with them from Saudi Arabia and there will be an opportunity to purchase additional food in Cyprus. Students will also be required to provide their own camping gear.

In Cyprus, students will spend the first two days on getting familiar with the terrain, planning their route and practising navigation while spending the first two nights at the hotel. Students will then carry on their AJ according to their levels while being monitored by the AJ supervisors for safety and assessed by the AJ assessors. Extra days are added to allow for extra practice and avoid any disappointment. The last night is back in the hotel where students present their findings from their journey.

There is a limited number of places on the trip. If the trip is oversubscribed, places will be allocated according to the students' commitment towards the Award and their performance on training camps and different Award sections.

If you would like your child to participate in Cyprus AJ, please complete the attached form and return it with a non-refundable or transferable deposit of SR2000 by November 1st. This deposit will be refunded if your child is not given a place on the trip. If the trip is cancelled due to reasons beyond our control, every effort will be made to refund payments. If your child is given a place on the trip, a second installment of 2000SR will be due on December 1st and the last payment of 1000 SR will be due on January 7<sup>th</sup> 2016.

Yours sincerely,  
Hayfa Homs  
DofE IA Leader and Coordinator

## PARENTAL PERMISSION, LIABILITY WAIVER AND TEMPORARY GUARDIANSHIP FORM

Our child \_\_\_\_\_ has our permission to participate in the IA 2016 Cyprus Adventurous Journey to be held from 12 February to 20 February 2016 under the sponsorship of Hayfa Homs, Donna Hepworth and Nicholas Hardcastle.

We have agreed to grant Hayfa Homs, Donna Hepworth and Nicholas Hardcastle temporary guardianship of \_\_\_\_\_ from 12 February to 20 February 2016.  
(student's name)

Expiration date of temporary guardianship is 21 February 2016 or upon the student's return to his/her home, whichever comes first.

The temporary guardian has complete authority to make decisions necessary to safeguard our child's health and well-being and we agree to hold the International Schools Group, its Board of Trustees, administrators and all employees harmless from liability resulting from any occurrence (injury, death, theft, loss, etc.) which may take place from any cause whatsoever in connection with the care and welfare of our son/daughter during his/her participation in the IA 2016 Cyprus Adventurous Journey between 12 February to 20 February 2016

Date: \_\_\_\_\_ Father's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Mother's signature: \_\_\_\_\_

I hereby give my permission for the above-named sponsor(s) to authorize any medical treatment necessary for our son/daughter \_\_\_\_\_ while on the IA 2016 Cyprus Adventurous Journey.

Date: \_\_\_\_\_ Father's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Mother's signature: \_\_\_\_\_

Duplicate originals of this form need to be provided. One should be taken with the sponsor; one should be left with the site administrator.

## BEHAVIOUR CONTRACT

ISG Board policy requires, that you sign a “Behaviour Contract”. Please read the following and sign it if you agree to follow these simple rules. Discuss this with your parents too, and ask them to countersign the form. If you have any questions, please talk to Mrs. Homsy, Mr. Hardcastle.

### Behaviour Contract:

- I will follow instructions given by the chaperones.
- I will try to understand the culture in which I am travelling and to treat people I meet with respect and consideration.
- I will endeavour to treat my team members with kindness and consideration.
- I will cooperate with the other members and do what I can to help make this a successful trip.

I understand that should my behaviour be unacceptable that I will lose privileges, and that this may mean that I am unable to participate in future school events.

NAME

SIGNATURE

DATE

NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

### EMERGENCY MEDICAL FORM

Student's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's

Mobile: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_

Other emergency contact names and numbers (please list two):

Name: \_\_\_\_\_ Home Phone:

\_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ HomePhone: \_\_\_\_\_ Mobile:

\_\_\_\_\_

Allergies: (List all active and inactive allergies):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergic to any medications? (If so, please list):

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Medicine that needs to be taken while on trip:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any other important data about your child that may prove helpful on the student study travel trip:

I grant permission for DBGS chaperones to administer medicaments as deemed necessary. Such medicaments include:

*Please check appropriate box*

	yes	no
ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>
antihistamine tablet or cream	<input type="checkbox"/>	<input type="checkbox"/>

antibiotic ointment		
insect repellent		
antacid		

(Father's Name)

(Father's Signature)

(Date)

(Mother's Name)

(Mother's Signature)

(Date)