Year 7 Camp

A great way to make new friends, develop valuable skills, boost confidence and most of all have fun!

Where: Cataract Scout Park, Appin

When: Wednesday 27th – Friday 1st March (Term 1, Week 5)

Cost: $260 (Price includes all activities, accommodation, meals and transport)

Some of the activities include: Archery, Abseiling, Giant Swing, Rock Climbing, Water Slide, Night Activities and many more.

Don’t Miss Out!!!

To ensure the camp goes ahead start making your payments from the first day of school on Wednesday 30th January 2013. A $50 deposit will secure your spot.

Please note: Further details regarding the camp will be issued to students at the start of 2013.

- To ensure all necessary information is provided please take the time to complete all sections thoroughly including: medical conditions, allergy information, emergency contacts and liability release.
- Excursion notes that are missing any of this important information will be handed back to students to be completed correctly.
- If your child/ward does not have any medical conditions or allergies please state nil and sign all necessary areas. A copy of the excursion note will be made available on the Nowra High School website under Year 7 - Camp.
- Permission notes are due by Friday 1st February 2013. Please note that this only gives your child 3 days of school in Term 1 to submit their permission note.
- The permission notes are being handed out on Orientation Day in order to provide time for completion.
Dear Parent or Guardian,

With your consent your son/daughter/ward will be participating in a/an:

☐ Educational Excursion  ☐ Sports Excursion  ☑ Other Visit

N.B. Please read and complete all relevant sections of this form.
The consent slip below and any other attached forms should be returned by:

CONSENT SLIP

I hereby consent to my son / daughter / ward ___________________________ Full Name

participating in an educational excursion to: **Cataract Scout Park - Appin for Year 7 2013 Camp**

on the date/s: Wednesday 27th February, Thursday 28th February and Friday 1st March 2013 which includes some and/or all of the following activities:

Absailing, Archery, Caving, Challenge Valley, Flying Fox, Giant Swing, Rock Climbing, Team Rescue, Waterslide, Night Activities.

☐ I give/ ☐ I do not give permission for my child to receive medical treatment in case of emergency

Special needs of my child of which the school should be aware ____________________________________________

_____________________________________________________________________________________________

Signature of Parent / Guardian ___________________________________________ Date _______________________

EXCURSION INFORMATION

(Please detach and keep at home for your reference)

Excursion to:  Cataract Scout Park, Appin

Purpose of Excursion:  Year 7 Camp 2013

Departure From:  Nowra High School  at  8:00am  Time

Place

Return to:  Nowra High School  at  4:00pm  Time

Place

Travel will be by (Mode of Transport):  Bus (Stuarts Coaches)

Supervision will be Provided By:  J.Warne (Year Adviser), P.Killen, N.Warne, Z.Morgan, G.Dawson, and 2 other teachers.

First Aid (Teacher) P.Killen and J.Warne

Additional Information:  Students will receive further information about the camp at the start of 2013 including details about activities they will be involved in, lodge and bunkroom allocation and a checklist of essential items to pack.

The cost of the excursion is $260.00  Refunded amount if appropriate $ ______-

☐ Full School Uniform must be worn  ☐ Other  Suitable clothing as outlined in checklist (handed to students Term 1, 2013).

Signatures:  ___________________________ ___________________________ ___________________________

Teacher  Head Teacher  Principal / Deputy Principal

This excursion is able to take place because of the voluntary additional work by teachers at this school.
**ADDITIONAL INFORMATION**
(Please complete Parent Response Statements as required)

<table>
<thead>
<tr>
<th>Students will need the following items on this Excursion:</th>
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<tbody>
<tr>
<td><strong>Clothing</strong></td>
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<tr>
<td>☐ Swimsuit, towel and plastic bag</td>
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<tr>
<td>☐ Waterproof clothing eg raincoat, rain hat/umbrella</td>
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<tr>
<td>☐ Change of clothes</td>
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<tr>
<td>☐ Warm clothing</td>
</tr>
<tr>
<td>☐ Sunhat and sunscreen</td>
</tr>
<tr>
<td><strong>Food</strong></td>
</tr>
<tr>
<td>☐ Lunch and drink to be brought from home</td>
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<tr>
<td>☐ Lunch can be bought during the excursion</td>
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<tr>
<td>☐ Cost of lunch is covered in the excursion</td>
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<tr>
<td>☐ Pens, Pencils, Note Paper</td>
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<td>☐ Other: _______________________________________________</td>
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**OVERNIGHT**

**Overnight Excursions - Advice**

Accommodation will be at Cataract Scout Park – Appin

Travel will be by: Bus (Stuarts Coaches)

The group will be supervised by J.Warne (Year Adviser) and 7 other teachers

*Additional information (consider advice on the number of students and teachers, protective clothing or equipment)*

........................................................................................................................................................................

**Parent Response - Overnight Excursions**

I understand that my son/daughter will stay overnight at .................................................................

**WATER OR SWIMMING**

**Water or swimming activities - Advice**

The excursion will involve the following water or swimming activities: Water Slide (1.2m depth), Challenge Valley (knee level), Caving (subject to puddles when raining).

These activities will take place at: Cataract Scout Park

The school will provide the following flotation devices to students who may require assistance in the water:

Provided by facility if necessary. Please state if flotation devices are needed.

........................................................................................................................................................................

**Parent Response - Water or swimming activities**

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

☐ strong swimmer ☐ average swimmer ☐ poor swimmer ☐ non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:

........................................................................................................................................................................

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.
**Medical Information Form**

The information provided on (student) ................................................. by the parent/caregiver is being obtained for the purpose of ensuring suitable supervision and care of the student while on the excursion.

Other persons and/or agencies that may be provided with this information in case of emergency are medical staff if parents have agreed to teachers seeking medical assistance, Ambulance, Police and Department of Education and Training personnel.

Provision of this information is required by law. It will be stored securely. If you do not provide all or any of this information then your child will not be able to attend the excursion.

You may correct any personal information provided at any time by contacting the teacher in charge of the excursion on 44 214977.

<table>
<thead>
<tr>
<th>Student Name: ......................................................</th>
<th>Class: ......................................................</th>
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<tr>
<td>Parent or Caregiver Contact Details</td>
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<tr>
<td>Name:</td>
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<td>Address:</td>
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<td>Home phone: ....................................................</td>
<td>Work: ....................................................</td>
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<tr>
<td>Doctor contact details</td>
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<td>Name:</td>
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<td>Address:</td>
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<td>Doctor's telephone:</td>
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<td>1.</td>
<td>2. .....................................................</td>
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<td>Emergency Contact(s) Details (nominated by the parent or caregiver as alternate contact)</td>
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<td>1. Name: ......................................................</td>
<td>Phone: ..................................................</td>
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<tr>
<td>2. Name: ......................................................</td>
<td>Phone: ..................................................</td>
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<td>Medicare Number: ................................................</td>
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<td>List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.</td>
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**N.B.** - This form is continued on the other side. Please turn over, and fill in relevant sections including a Parent Signature in the space provided.
Medical conditions or illnesses continued:

Outline special dietary needs including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

MUST SIGN PLEASE

Signature: ___________________________  Date: ___________________________

Please return this form by:  Friday 1st February 2013
Liability Release and Express Assumption of Risk

Read this first!

Cataract Scout Park at Appin NSW provides instruction of Adventurous Activities* where the stimulation of the activity is derived in part from the inherent risk of participation in such activities. Cataract Scout Park provides relevant safety/protective equipment and procedural instruction deemed necessary for safe activities. However, when established safety procedures are not followed the level of risk associated to participation in such activities is increased.

The purpose of this document is to inform you/your child of some of the potential risks involved with Adventurous Activities* and of the conduct required of you/your child during the activity. Your signature on this form is required in order for you/your child to participate in any activity offered by Cataract Scout Park at Appin NSW.

Please read carefully and fill in all blanks before signing!

School name: ____________________________

First name of participant: ____________________________

Date of birth: ____________________________

(Participant Name)

(Participant Address)

hereby acknowledge that I have been advised and thoroughly informed of the inherent risks of Adventurous Activities*.

In particular, I acknowledge that I have been advised:

☐ That Adventurous Activities* involve certain inherent risks and that such risks may result in significant injury of disablement.

☐ That Adventurous Activities* involves exposure to the natural elements including, but without limiting, the generality hereof storm, tempest, wind, sun. Such exposure brings with it the attendant risk of significant injury or disablement.

☐ That the Adventurous Activities* offered in Cataract Scout Parks programs are designed to provide you/your child with a safe introduction to these activities. The instruction offered within the activity is only intended to prepare you/your child as a competent participant for the duration of the activity. I further understand and agree that prior to undertaking any further similar activity, you/your child must be thoroughly instructed in the use of equipment in a specific training course under the direct supervision of a qualified instructor.

☐ That you/your child will listen carefully to directions and respect the advice of those supervising any activity that you/your child is a participant in.

☐ That you/your child must remain constantly alert when assisting in the safety of other participants and must maintain vigilance for potential hazards, including the wearing of safety/protective equipment provided to reduce the risk of identified potential hazards.

☐ That Adventurous Activities* may be physically demanding requiring a basic level of physical fitness and that you/your child does not suffer from any illness or incapacity that may limit or prevent participation in such activity.

☐ I agree for my child/myself to attend the Park and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Cataract Scout Park staff, where it is impracticable to communicate with me, to arrange for my child/myself to receive such medical or surgical treatment as may be deemed necessary. I also agree to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward/myself is attending the Park/enrolled in the program.

☐ I understand that although Cataract Scout Park and its service providers attempt to minimise any risk or personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Park as part of the program and I accept that risk.

☐ I have read the above statement and have had any questions answered to my satisfaction. I understand the importance and purpose of these established practices. I recognise they are for my/my child's own safety and well being, and that failure to adhere to them can place myself/my child or others in considerable danger whilst engaging in these activities.

☐ I further state that I am of lawful age and am legally competent to sign this liability release, or that the written consent of a parent/guardian has been obtained. I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act.

Media consent Please tick whichever applies to you/your child:

☐ I consent/ ☐ I do not consent to allow Cataract Scout Park to use any photograph, sound and film recordings taken of my child/myself at this program for the promotion of Cataract Scout Park and initiatives to the media and to the general public.

Name of Participant (print): ____________________________

Signature of Participant: ____________________________

Date: ____________________________

Name of Parent/Guardian (of the child under the age of 18 years only): ____________________________

Signature of Parent/Guardian: ____________________________

Date: ____________________________

Adventurous Activities* are those outlined but not limited to any activity tabled within the Cataract Scout Park Activity List.