



*Holy Cross College,
Ryde*

1st February, 2010

Year 7 Camp 2010

Dear Parents,

The Orientation Camp for Year 7 students will be conducted at *The Outdoor Education Experience*, Morisset Campsite from **Wednesday the 10th, to Friday the 12th of February**. This experience is designed to assist the Year 7 students in their transition to high school by developing a greater awareness and acceptance of others, to accept challenges of outdoor education and to develop a greater community spirit within the year group.

The camp involves group activities both indoor and outdoor including Abseiling, High Ropes Course, Rock Climbing, Archery, Canoeing, Challenge Initiative Course, Giant Swing and the new Mud Challenge. There will also be night activities including a Games/Movie Night, Challenge Night, Commando Night and Liturgy. This camp has always been an outstanding success and we look forward to a great time for all. The Year 7 Camp is definitely one of the highlights of the school year.

Transport is by air-conditioned coach and meals include breakfast, morning tea, lunch, dinner, afternoon tea and supper. We will leave the College at 8.50 am, Wednesday the 10th and return at approximately 3.15 pm, Friday the 12th of February. Homeroom teachers will be present throughout the duration of the camp and at all activities. The Year 12 leadership group will also attend as part of our mentoring program. Qualified instructors will run each activity. Qualified first-aid personnel will also be present at all times. Year 7 students will be sleeping in cabin rooms (approximately eight to a room).

Attendance at the camp by all students is compulsory. This is a tremendous opportunity for your son to mix with his peers outside of the normal school environment and develop his self-esteem, social skills and most importantly, make new friends.

The cost per student for all activities, professional instructors, accommodation, food, and transport is \$130. A fee of \$150.00 has already been paid towards the cost of the camp with your son's enrolment. The \$130 cost is to be paid by Friday, 5th February. The College accepts cheques, visa or cash.

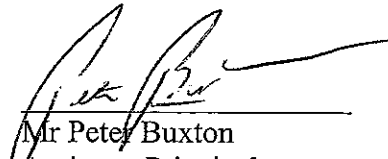
There are several forms attached to this sheet which must be read, signed and returned to the College by **Friday 5th February** at the very latest with the remaining \$130. **These forms need to be returned to the Accounts Office in the Administration Building.**

Any student who has not returned the relevant Medical, Activity Restriction, Consent, Liability Release, Express Assumption of Risk forms and Student Contract signed and dated, will unfortunately not be permitted to attend the camp. Please read these documents very carefully and sign all the necessary consent forms.

I look forward to an exciting and rewarding camp.

Yours Sincerely,


Mr George Kisrwan
Year 7 Coordinator


Mr Peter Buxton
Assistant Principal

✂

To be returned by Friday, 5th February 2010
To the Accounts Office – Administration Building

Students Name: _____ Homeroom: _____

I hereby authorise Holy Cross College

to charge my Credit Account for the amount of \$130.00

Year 7 Camp 2010

Card details:- (Please circle one) Bankcard / Visa / Mastercard

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Cardholder's Name: Expiry Date:

Signature:

Outdoor Education Experience
Nentoura Road,
Morisset, NSW, 2264
Freecall: 1800 887 717
www.bushcamp.com.au

Location of 2010 Camp

Permission to attend camp

I _____ give my son
_____ of Homeroom _____

permission to attend the *Holy Cross College, Ryde, Year 7 Camp* to be held at *The Outdoor Education Experience, Morisset Campsite*, from the 10th to the 12th of February, 2010.

I understand that all care will be taken by the teachers of *Holy Cross College, Ryde* and the staff of *The Outdoor Education Experience* for my son and all other students of the College whilst attending and participating in the activities provided. In the event of an accident or illness, I authorise the teachers and/or staff of *The Outdoor Education Experience* to seek the nearest medical treatment for my son.

Signature _____
Parent/Guardian

Student Contract

I _____ agree to obey and respect the teachers and instructors at the *Holy Cross College Year 7 Camp, 2010*. I will work hard to create harmony throughout the duration of the camp and I will respect other students at all times. I will contribute to the workload at the camp and do my share of the preparation of meals and activities.

I will not touch other people or their property and I will try to encourage other students in all activities. I acknowledge that normal school rules and expectations extend to this camp.

I fully understand that if I fail to behave in the appropriate manner and/or I do not follow the rules of the camp, I will receive strong discipline. This may include non-participation in activities, community service, being returned home, parental interview and/or suspension from the College on return to school.

Student's signature: _____

Parent/Guardian signature: _____

OUTDOOR EDUCATION EXPERIENCE
LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Read This First!

Outdoor Education Experience provides instruction of Adventurous Activities* where the stimulation of the activity is derived in part from the inherent risk of participation in such activities. Outdoor Education Experience provides relevant safety/protective equipment and procedural instruction deemed necessary for safe participation in such 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 Outdoor Education Experience.

Please read carefully and fill in all blank spaces.

I, of
(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 (initial each paragraph before signing):

- that Adventurous Activities* involve certain inherent risks and that such risk may result in significant injury or disablement.
- that Adventurous Activity* 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 Outdoor Education Experiences 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 and 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 Activity* may be physically demanding requiring a basic level of physical fitness and that you/your child does not suffer any illness, ailment or incapacity that may limit or prevent participation in such activity.
- by the principals, servants and/or agents of Outdoor Education Experience of the risks associated with Adventurous Activities* and to the extent permitted by law, hereby release and hold harmless Outdoor Education Experience, its principals, servants and/or agents from any suit, demand or claim whether present, future or contingent arising as a consequence of and not limited to death, injury or disablement received by myself/my child during the participation in the said activity or during participation in any similar activity following completion of the said activity.
- I have read the above statements 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 engaged in these activities.
- I further state that I am of lawful age and 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.

Signature of Participant Date / /

Signature of Parent/Guardian Date / /
(where applicable)

* Adventurous Activities are those outlined but not limited to any activity tabled within the Outdoor Education Experience Activity List



OUTDOOR EDUCATION EXPERIENCE MEDICAL, ACTIVITY RESTRICTION AND CONSENT FORM

Participant Details

Surname: Gender: M / F
 Given Name/s: Date of Birth: / /
 Address:

Emergency Contact Details

Parent / Guardian / Contact Person:
(Name in Full)
 Telephone:
(Home)
(Business)
(Mobile)

Medical Information

Medicare N°: Ambulance Cover: Yes / No
 Private Health Insurance Fund: Yes / No
 Fund Name: Fund Policy N°:

Please answer the following medical questions regarding your son/daughter:

1. Is your son/daughter in good health? Yes / No
2. Does your son/daughter suffer any chronic illness, or disability? Yes / No
 If yes, please specify:
3. Does your son/daughter need to take any form of medication on camp? Yes / No
 If yes, please specify: (dose, frequency etc.)
- Does the medication need refrigeration? Yes / No
4. Has your son/daughter suffered from any acute illness during the past four months? Yes / No
 If yes, please specify:
5. Has your son/daughter had any major surgery (knee, back, heart, etc.)? Yes / No
 If yes, please specify:

6. Has your son/daughter been treated by a doctor during the last four weeks? Yes / No

If yes, please attach a doctors report with instruction about medical treatment and a certificate stating that the participant is fit to attend.

7. Does your son/daughter have any allergies? (insects, food, medication, etc.) Yes / No

If yes, please specify:
.....

8. Does your son/daughter have any special dietary requirements? Yes / No

If yes, please specify:
.....

9. Does your son/daughter: wet the bed? Yes / No
sleep walk? Yes / No

10. Has your son/daughter had the Diphtheria Tetanus Toxoid booster injection? Yes / No

If yes, what date was the last booster given? / /

11. Do you give permission for Panadol to be administered to your son/daughter if required? Yes / No

Activity Restrictions

All activities are instructed by qualified instructors and at all times are supervised and accompanied by your son/daughter's school teachers.

Please read the sample program of activities for your son/daughter's school in conjunction with the Outdoor Education Experience Activity List. If you do not want your son/daughter to participate in any particular activity or activities, please write them in the space provided and notify your son/daughter of the activity or activities for which they are to be excluded:

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

Is your son/daughter permitted to participate in swimming/water activities? Yes / No

If no, please inform your son/daughter that they are not to participate in any swimming/water activities.

Parent or Guardian Consent

In the event of any accident or illness and I am unable to be contacted, I authorise the obtaining of such medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and/or cost of such assistance that may be incurred while my son/daughter is with Outdoor Education Experience.

Wilful damage of property while with Outdoor Education Experience will be paid for either by the student involved or by their parent/s or guardian.

I have read my son/daughter's sample program and have made them aware of the camp guidelines. I acknowledge an inherent risk associated with camp and the activities involved. I have completed the Liability Release and Express Assumption of Risk form, and further give permission for:

..... to attend the program run by Outdoor Education.
(Son/Daughter's Full Name)

Signature of Parent/Guardian Date: / /
(Parent or Guardian)

REQUIREMENTS FOR CAMP

TRACK SUIT or WARM GEAR
SHORTS
T-SHIRTS
JOGGERS
SOCKS
UNDERWEAR
SWIM GEAR
RAINCOAT
HANDKERCHIEF OR TISSUES
SET OF CLEAN CLOTHES FOR PRAYER SERVICE
TOWELS
SOAP and TOOTHPASTE
DEODRANT
CAP
SUNSCREEN
HAIR BRUSH / COMB
PEN AND CLIP BOARD
SLEEPING BAG or SHEET AND BLANKET
OWN PILLOW IF DESIRED

NOT PERMITTED ON CAMP

WALKMAN

TORCH

VALUABLES

*No responsibility will be taken for lost or
stolen valuables*

SPENDING MONEY

*Only opportunity to spend in drink machine at campsite.
Coins necessary.*