Excursion/Activity Information

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| **Name of Excursion/Activity** | **5/6 Cooba Camp 2023** |
| **Date** | **Wednesday 15 March 2023 – Friday 17 March 2023** |
| **Event Location** | Cooba Sport and Recreation CentreCootralantra RoadBerridale NSW 2628 |
| **Purpose** | Students will have the opportunity to participate in a range of challenging outdoor activities. It is an excellent opportunity for students to work as a team, develop co-operative skills and build positive working relationships |
| **Year Groups Participating** | Year 5 & 6 |
| **Time of Departure from School** | 8:00 am Wednesday 15 March 2023. Bus will leave promptly at 8:15am |
| **Time of Arrival Back at School** | Approximate arrival 3:45 pm Friday 17 March 2023. We will update our social media for more accurate information on the day. |
| **Mode of Transport** | Air-conditioned, seat belt equipped coaches. |
| **Cost per student**  | $353.00 |
| **Participating Staff**  | Larissa Shihoff, Angela Southwell, Brittney Reynolds, Fabiola Tiberti, Rohan Evans |
| **Permission forms to be returned by Friday 17 February 2023****Payment due Thursday 9 March 2023** | 1. Signed Permission Slip 2. Medical Information and Consent Form3. Dietary Information Packing lists and final information will be sent home prior to camp |

**Rohan Evans**

**Principal**

* *Staff accompanying students on incursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities***.**
* *Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an incursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

**Please return permission notes by Friday 17 February** with payment due **Thursday 9 March 2023**.

**Permission Note**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to attend **Cooba Camp on Wednesday 15 March to Friday 17 March 2023**. Children will travel in seat belt equipped coaches to the location.

**Cost: $ 353.00**

Please read the following statements carefully. Tick the boxes to indicate you have read and agree with the statements and then sign the slip at the bottom of the page. Please do not hesitate to contact the school if you have a question about *any* of the statements listed below.

 I give permission for my child to attend Camp Cooba from **Wednesday 15 March – Friday 17 March 2023.**

 I understand that transport will be by coach and that seat belts are provided.

 I agree to my child taking part in all the activities offered by Camp Cooba.

I authorise the teacher in charge to make arrangements for the welfare of my child in an emergency (including medical).

I agree to meet the costs associated with any emergency arrangements made by the teacher in charge.

 I agree that my child is under the authority of the school for the duration of the camp and the teacher in charge is authorized to return my child home at my expense if it is considered that circumstances warrant such action.

I understand that the total cost for Birrigai will be $353.00 and I agree to pay the full cost of the camp unless alternative arrangements have been made with the school.

My child has permission to use the 25m Swimming pool with supervision – please circle their swimming ability. My child can swim 25m / My child cannot swim 25m

Full name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you have recently updated your residential address; contact phone number or email address please email the Front Office at* *info@yarralumlaps.act.edu.au*

**Permission & Payment Note**

Please return permission notes by Friday 17 February with payment due Thursday 9 March 2023.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to attend Cooba Camp on Wednesday 15 March to Friday 17 March 2021. Children will travel in seat belt equipped coaches to the location.

Cost: $353.00

Please tick the appropriate information

 Quickweb via [www.yarralumlaps.act.edu.au/payment](http://www.yarralumlaps.act.edu.au/payment) (Fee Code - Cooba)

 Quickweb Receipt number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Eftpos at Front Office

The school has made every effort to keep cost for this activity at a responsible level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.

Is there any additional information you need to provide to support your child’s participation in this excursion/activity?

If yes, please provide these details here or on an additional sheet

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* I agree to my child participating in the activities associated with this excursion. I have discussed with my child the need for appropriate behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion/ incursion
* I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that the circumstances warrant such action.

**Dietary Information**

Please return permission notes by Friday 17 February with payment due Thursday 9 March 2023.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return the following dietary information note even if your child has no dietary requirements. Please note this form is not for listing foods that students like or dislike, it is for special and cultural dietary requirements only.

Please circle Yes or No for the following question

Does your child have any dietary requirements? Yes / No

If yes, please provide details

Full name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you have recently updated your residential address; contact phone number or email address please email the Front Office at* *info@yarralumlaps.act.edu.au*