



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

Year 7 Camp 2024

DESCRIPTION:

Year 7 learners are invited to attend a 3-day camp that will be held near Stanwell Tops, south of Sydney. They will participate in a range of activities designed to challenge their physical skills, build new relationships, and work on social and emotional regulation. Information for specific activities, sleeping arrangements and packing lists will be provided in the weeks leading up to the camp. **As there are only 70 spaces available, families must return the attached notes by Friday 9th February.** After this date, any other spaces will be made available to Year 8, 9 and 10 learners as a leadership opportunity. The school will accept partial payments, all the way up until the final payment due date: Friday 23rd February. Please don't hesitate to contact camp coordinator, Ross Dennis via ross.dennis@ed.act.edu.au if you have any questions or concerns about payments.

CAMP DATES:	Monday 18th March to Wednesday 20th March, 2024 (Term 1, Week 8)
VENUE:	The Tops Conference Centre, 51 Bendena Gardens, Stanwell Tops NSW 2508
TRAVEL ARRANGEMENTS:	Learners will travel by charter bus to and from the venue
DEPARTURE & RETURN TIMES:	Bus will depart Evelyn Scott School at approximately 7:30am on 18/03/24 Learners will be returning at approximately 3pm on 20/03/24
COST:	Cost is \$475 per learner (includes bus travel and all related program costs)
CLASSES ATTENDING:	All Year 7 learners
STAFF ATTENDING:	Year 7 Muri Gadi Teachers
WHAT TO BRING:	Families will receive a detailed packing list in Week 4, Term 1
NOTE & PAYMENT DUE BY:	Please return all notes by Friday 9th February (Term 1, Week 2) Final payments due by: Friday 23rd February (Term 1, Week 4) Please note, students will be unable to attend the camp without payment and signed parent/carers permission forms.

Code of Conduct and Parental Agreements:

Staff accompanying students on excursions 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. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion 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.

Kind regards,

Ross Dennis, on behalf of the Year 7 Muri Gadi Teaching Team

ross.dennis@ed.act.edu.au



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Year 7 Camp 2024

STUDENT NAME: _____ CLASS: _____

I hereby consent to my child attending the above Evelyn Scott School excursion.

Please check the appropriate boxes:

☐ I have read and understand the attached information page for the event/excursion and I consent to the payment and travel arrangements.

☐ I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected 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

☐ I have completed a [Medical Information and consent form](#) for my child. This form only needs to be completed once a year prior to the first excursion unless requested by an activity provider or there are changes to the details on this form.

☐ Will your child require medication that may need to be administered during the excursion (e.g. allergy medication, pain relief)? Yes / No (please circle)

If yes, please complete a [Medication Authorisation and Administration Record](#) (available through the front office).

☐ Is there any additional information you need to provide to support your child's participation in this excursion?
If yes, please email camp coordinator, Ross Dennis via: ross.dennis@ed.act.edu.au

PARENT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT PHONE NUMBER: _____

PAYMENT OPTIONS - Year 7 Camp 2024

AMOUNT: \$475

Payment is preferred via QuickWeb: <https://www.evelynscottschool.act.edu.au/Payment>

If paying via QuickWeb, please include the cost code: **YEAR 7 CAMP 2024** as the reference and provide payment receipt number here: _____

Families can also pay over the phone or in person by Credit Card/EFTPOS by calling the front office on 6142 3491

Office Staff to complete:

Note received by: _____ Date: _____

Payment made via: QW ☐ EFT/CC ☐

Entered on SAS: ☐



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Allergens / Food Restrictions

IMPORTANT INFORMATION – PLEASE COMPLETE THE FOLLOWING

Parts A and B of this form are to be completed by the primary caregiver of attending students, or by visiting adults in respect of themselves, who have specific dietary requirements due to:

- Food restrictions
- Food related medical conditions
- Identified food allergies

Name of Student	
Name of Parent/Carer completing this form	
Signature	
Date completed	

Part A - Food Restrictions

Food item	Can this food be eaten?	Other comments
Beef	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chicken	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pork	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lamb	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do either of the following apply

Vegetarian	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vegan	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Part B - Severe Medical Food Allergy

My child has a severe food allergy	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, please provide a copy of your child's current Allergy Action Plan
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RECOMMENDED ITEMS FOR CAMP

This is a general recommendation of what to bring to make your camp more enjoyable. A detailed packing list will be sent to families closer to the date of departure.

- Wet weather gear / rain coat
- Personal Medication (this must be given to your teacher on the morning of departure)
- Hat (NOTE: hats with a hard plastic/metal button on the top cannot be worn under safety helmets)
- Jumper or Jacket (camp weather can get cool at night all year around)
- Covered shoes for any extended walking (we are in the bush, therefore we do have snakes and spiders)
- Insect Repellent

For overnight stays:

- Linen: 1 base sheet + top sheet or a sleeping bag
- Pillow
- Towel
- Toiletries, including any required sanitary products, soap/body wash and shampoo.

Additional items for Guided Activities:

- Swimmers
- Beach Towel
- Sunglasses
- Sun Screen
- Water bottle
- Full length tops or shirts. Crop tops are not suitable for activities, especially if using harnesses
- Short pants but not too short, especially for harnessed activities
- Extra pair of closed shoes. Closed shoes must be worn for all activities
- Hair band to secure long hair

Outdoor activities may result in damage/soiling of clothing. Please ensure clothing is suitable for outdoor recreational use.

Extra items you might need:

- Carry pack (for bush walking and carrying gear to activities)
- Plastic bag to take wet or dirty clothes home in
- Torch
- Mobile phones will be allowed on camp, but further instructions on how Mobile Phone use will be supported will be provided to learners and families in the weeks leading up to camp.



Location: Thirroul Beach - Illawarra Surf Academy – Evelyn Scott School Year 7 Camp 2024
Lesson: Surf Education/Lesson/Beach activities
Date: Monday 18th March 2024

(Please circle)

PARTICIPANT DECLARATION

In consideration of Organisers accepting my application to participate in the Program below, I acknowledge, understand and agree that:

1. **"Organisers"** for the purposes of this declaration means Illawarra Surf Academy and includes, where the context so permits, Surfing Australia Inc ("SA"), SA affiliated state surfing associations and their respective directors, officers, members, servants or agents.

2. **Warning:** Participating in the Program can be inherently dangerous. I understand the nature and requirements of the Program and acknowledge that serious accidents can and often do happen which may result in me being seriously injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Program.

3. **Physical Fitness:** I must not participate in the Program if I have any injury, disability, medical or health condition that may increase the risk of me becoming injured unless I have told Illawarra Surf Academy about it and they have authorised me to participate. I declare that I am medically and physically fit and able to participate in the Program and I will immediately notify Illawarra Surf Academy of any change to my fitness and ability to participate. I understand and accept that Illawarra Surf Academy will continue to rely on this declaration as evidence of my fitness and ability to participate.

4. **Instructions:** I will at all times comply with the instructions and safety procedures of Illawarra Surf Academy.

5. **Medical Treatment:** If required, Illawarra Surf Academy will arrange medical or hospital treatment (including ambulance transportation) for me. I authorise such actions being taken by Illawarra Surf Academy and agree to meet all costs associated with such action.

6. **Release & Indemnity:** My participation in the Program is entirely at my own risk and I agree to:

(a) release and forever discharge Illawarra Surf Academy from all liability and Claims that I may have or may have had but for this release arising from or in connection with my participation in the Program;

(b) indemnify and hold harmless Illawarra Surf Academy to the extent permitted by law in respect of any Claim by any person including but not only another participant in the Program arising as a result of or in connection with my participation in the Program.

In this clause 6 "Claims" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising (including negligence, trespass to the person or for breach of implied terms in the sale of services under section 74 of the Trade Practices Act (1974) Cth and equivalent provisions contained in State sale of goods or fair trading legislation).

7. **Identity:** Photographic and or visual images taken by Illawarra Surf Academy of my participation in the Program may be used for general promotion of Illawarra Surf Academy activities.

8. **Privacy:** I understand that the information provided by me in this form is necessary for the operation of the Program. I acknowledge and agree that the information will only be used for the objects of Illawarra Surf Academy and to provide me with information pertaining to the Program and Illawarra Surf Academy activities. I understand that I will be able to access my information through Illawarra Surf Academy upon request. If the information is not provided I might not be permitted to participate in the Program.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

Surfers Name: _____ DOB: _____
Address: Evelyn Scott School, 2 Bielski St Denman Prospect, ACT 2611 Ph: (02) 6142 3491
Parent Name: _____ Contact number: _____
Parent Email Address: _____

Surfers Medical Information(confidential) please indicate any medical conditions that coaches should be aware of:

1. _____
2. _____
3. _____
4. _____
5. _____

Signed: _____ |parent to sign if student has medical condition|

Where the applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian.

I, _____ am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parents signature: _____ Date: _____
(Where Applicable under 18 years old)
Print Name: _____



To: The Churches of Christ Property Trust
(This form will be retained by 'The Tops'
If you require a copy, please arrange it prior to arrival)

A

PARTICIPANT DETAILS

Name _____ The participant's age _____

Address _____

P/code _____ Phone. (H) _____ (W) _____

Name of Group _____

B

The participant warrants:

the participant is a member of the following medical fund _____

the participants member number of that fund is _____

the participants medicare number is _____

that apart from the "Disclosed matters" the participant has no current illnesses, injuries or other adverse medical condition and is in good health. The disclosed matters are: The participant should here set out any illness, adverse medical condition or ill health from which the participant is suffering or has suffered or write NIL.

Note: If the above information has already been collected by the organiser then only Part C needs to be added and supplied to the Tops.

C

ACCEPTANCE / ACKNOWLEDGEMENT OF RISK

*The participant acknowledges that a reference to The Trust in this section C includes its servants and agents and further acknowledges that by reason of the nature of activities in which the participant may participate in at The Tops Conference Centre (site) that there is a risk of injury to the participant and/or a risk of an adverse affect to any current or past medical condition of the participant. **The participant acknowledges and agrees that the participant accepts that the participant engages in activities on the site at the risk of the participant.** The participant gives the trust authority, where circumstances deem it necessary, to obtain medical and ambulance assistance for the participant in the case of the participant suffering injury or ill health while on the site. For risk assessment information please visit www.thetops.com.au and follow the links to risk assessment.*

Participant Signature _____ Date _____

Parent/Guardian Sign. (u18's) _____ Date _____

Relationship to Participant _____