



STAGE 2 YMCA CAMP YARRAMUNDI PARENT AND STUDENT LETTER



5 February 2020

Dear Parents/Guardians,

Your child's school has chosen to visit Camp Yarramundi, the YMCA NSW's Outdoor Education Centre near Richmond.

The YMCA has been running camps and Outdoor Education Programs for over 35 years and maintains a progressive approach to providing opportunities for children to have fun and develop skills & personal qualities through interaction and challenge in the outdoors.

This is achieved through sequenced programming, and by matching adventure and challenge to the skill and ability levels of children of all ages. By utilising the very best facilities along with qualified and enthusiastic staff, we are committed to ensuring that every child attending our programs has an enjoyable and valuable experience in a safe and caring environment. All of our programs are run in line with our core values of honesty, caring, respect & responsibility.

Program Dates: 09/03/2020 to 10/03/2020

Departure Time: 9:00 am (please be at least 15 minutes early for marking of roles)

Return Time: 3:00 pm

Cost: \$205.00

Whilst challenge and enjoyment are integral components of our programs, student safety is our first priority. Hence, it is essential that you read (with your child), and consent to the guidelines outlined herein. To ensure the safety and enjoyment of all involved, any student putting themselves or their peers at risk of injury through a breach of these guidelines will be required to be picked up and returned home.

We look forward to providing your child with a valuable and enjoyable experience of a lifetime. Should you require any further information, please do not hesitate to contact us.

Please complete the permission note below and place in the secure collection box outside the administration office in a clearly marked envelope with payment by 9:10am Friday 28 February 2020. If making an online payment please pay before 6:00pm Thursday 27 February 2020. Please note that cancellations will incur a penalty fee.

Yours faithfully,

YMCA NSW

Outdoor Education Team

Ms Nikki Sutherland
Stage 2 Assistant Principal

Mrs Kathy Browne
Principal

STAGE 2 YARRAMUNDI CAMP PERMISSION NOTE

I give permission for my child _____ of class _____ to attend the Yarramundi Camp from 9 March to 10 March 2020. I understand that students will be travelling to the venue by bus.

I have enclosed payment of \$_____ OR

I have made an online payment. My receipt number is: _____

Parent/Caregiver signature: _____ Date: _____

CAMP GUIDELINES AND GEAR CHECKLIST

CAMP GUIDELINES:

- Never leave camp or activity areas without permission
- All activities must be supervised by an instructor and a teacher
- Listen to and follow instructors' guidelines and instructions
- Closed in shoes and a hat must be worn at all times
- Respect male and female areas. Enter no room other than your own
- Respect the natural environment. Please use the bins provided and do not damage the bush.
- No pocket knives, glass, or valuables please (this includes iPods, mobile phones, etc)
- All accidents/damage to equipment must be reported. Wilful damage must be paid for by the individuals involved
- The food is plentiful, so please refrain from bringing lollies etc. No gum please.
- Respect others after lights out. There should be no need to leave your dorm / cabin after lights out
- Every group is responsible for the ongoing cleanliness of their rooms, and the camp in general.
- Do not tamper with Fire Fighting equipment. Damage will incur a minimum charge to the individual of \$280.
- Do not enter out of bounds areas detailed upon arrival
- Drink water only from the identified tank & carry a water bottle filled before each activity
- Please do not run around the campsite
- Fires are to be lit only by instructors in designated camp fire areas
- Swimming is only allowed when supervised by a camp instructor
- Activities are only to be accessed during allocated activity time

GEAR CHECKLIST:

- Sleeping bag and pillow
- Water Bottle
- Raincoat / Wet weather gear (regardless of forecast)
- Hat
- Sunscreen
- Day Pack (small back pack for day walks etc.)
- Torch
- Toiletries
- Insect Repellent
- Towels (2)
- Camera (optional) **NO PHONES OR ELECTRONIC DEVICES**
- Mess kit - plate, bowl, mug, cutlery
- Sturdy closed-in shoes (to be worn at all times while at camp –thongs / sandals are not appropriate for day wear)
- 2nd OLD pair of closed-in shoes in case your shoes get wet (or to be used if kayaking)
- Sandals with a back-strap can be worn if kayaking (not thongs)
- T-Shirts
- Shorts (suitable for harness wear)
- Underwear and socks
- Long pants (appropriate for the season)
- Jumpers / Jackets (appropriate for season)
- Pyjamas
- Swimmers (appropriate for season)
- Garbage Bag for Wet / Dirty Clothes
- Souvenir money (optional) – a MAXIMUM OF \$30-. Teachers will collect this.

NB: Please nametag all items and please ensure all medication is labelled clearly and passed onto the organising teacher.

Medical & Consent - Student



Name of Student: _____				
Address: _____				
Age:	D.O.B:	/ /	Sex:	Height: Weight:
Emergency Contact: Name: _____				
Phone: _____		(hm)	(wk)	(mob)
Medicare Number:		No. on Card:	Ambulance Cover: Y / N :	
Private Medical Cover: Y / N:				(details)
Doctor's Name:			Phone:	
Does your child suffer from: any chronic injury or illness ? Y / N: _____ (details)				
: Asthma ? Y / N : Triggers: _____ (details)				
Does your child have any allergies ? (eg drugs, food, plants) Y / N: _____ (details)				
Does your child suffer from: Heart Problems ? Y / N: _____ (details)				
: Blood Pressure ? Y / N: _____ (details)				
Does your child have any emotional / behavioural disorders ? Y / N Phobias ? Y / N				
If yes please specify: _____				
Does your child require medication ? Y / N May we administer Paracetamol if required? Y / N				
Has your child been ill or required medical attention in the last four (4) weeks ? Y / N				
If yes please specify: _____				
If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.				
Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor)				
Does your child: Wet the Bed ? Y / N Sleepwalk ? Y / N Suffer travel sickness? Y / N				
How would you rate your child's swimming ability ?				
Unable - Nothing more than dog paddle Poor - Basic strokes, only limited strokes beyond domestic swimming pool Good - Strong swimmer, able to swim confidently in a variety of water conditions Excellent - Very strong and confident, could swim 50 mtrs fully clothed (Please give details of swimming certificates attained eg Bronze Medallion)				
Special Dietary Requirements ?				
Activity Restrictions ? See attached list.				
Nb/ Activities are chosen to suit the age and ability of campers _____ Campers will not have sufficient time to do all activities _____ If there is insufficient space please attach separate page with details _____				

PARENT or GUARDIAN CONSENT

As parent / guardian I understand that the YMCA NSW and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child / ward's participation in activities of a hazardous nature, though the YMCA NSW and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward, that may place him / her at greater than normal risk. I authorise the YMCA NSW and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of a any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child/ward need to be returned home for any reason I will cover any associated costs.

I consent to my child/ward attending camp on this understanding.

Signature of Parent / Guardian _____ Full Name of Parent / Guardian _____ Date