

Year 10 Surf Camp – 20 October 2019

Dear Parents/Carers,

Year 10 Harrison School students are being given the opportunity to attend a two day Surf Camp at 7- Mile Beach Gerroa, 3.5 hours from Canberra. Students will be taught surfing theory and practical techniques such as how to paddle, stand up, drop into and ride across the waves. They will learn about how to read the waves as well as surfing etiquette. Cost includes 2 x 2 hour lessons, buffet meals (breakfast, 2 x lunches and dinner), fully qualified surf instructors, wetsuits and surfboards and accommodation at the purpose built beach side Surf Camp.

Venue	Surf Camp Gerroa	
Dates	Sunday 20 October to Monday 21 October 2019	
Departure From School	8:00am	
Return to School	Approximately 4:00pm	
Transport	Charter bus	
Total Cost: \$210.00	Option 1 1 st and Final payment Due: Fri 23 August 19 Amount: \$110.00	Option 2 2nd instalment due : Fri 20 Sept 19 Amount due: \$100.00
Camp Coordinator	Farah Atallah	

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. 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.

It is customary for the school to request a financial contribution towards meeting the cost of your child's participation in this camp. The school has made every effort to keep costs for this activity at a reasonable level. This is an enrichment activity so a payment will be required to cover all costs. The school reserves the right to cancel the activity should all costs not be covered. Individual records of contributions are confidential. If you have concerns about the payment, please contact the Principal or Corporate Manager on 6142 2200.

Please ensure that all Permission, Medical notes and Surfing Australia Participant Declaration forms are returned to school by Friday 23 August 2019. First payment is also due at this time. If places are not filled by Year 10 students the camp will be opened to Year 9 students after this date.

If you would like further information about the camp, please visit the camp website <https://surfcamp.com.au/>

Kind regards,

Farah Atallah
Camp Coordinator

Year 10 Surf Camp – Packing list

Luggage

One piece of luggage is recommended per child. These should be clearly marked with your child's name, address and phone number.

Wetsuits and surfboards are provided.

Checklist

Please label all clothing and towels with your child's name.

- Swimming costume or board shorts
- Rashie shirt
- Hat
- Sunscreen and sunprotection
- Shorts and t-shirts (no singlets, sleeveless or midriff tops)
- Jumper and tracksuit pants
- Raincoat
- Warm jacket
- Pyjamas
- Comfortable walking shoes
- Toiletries
- Socks and underwear
- Two towels
- Day backpack
- Plastic bags for dirty or wet clothes
- Medication (if required)
- Water bottle

Optional

- Camera



OUTDOOR ADVENTURE ACTIVITY: **Year 10 Surf Camp**

Permission note:

Permission Note to Be Signed by Parents

I give permission for my childin Roll Group to take part in the Year 10 Surf Camp on Sunday 20 October to Monday 21 October 2019. Transport is by chartered bus.

I have enclosed relevant forms and payment in the attached envelope.

Payment Option 1

Payment Option 2

The ACT Education and Training Directorate is an agency of the ACT Government (the Territory). The Territory has insurance arrangements in place in order to meet certain liabilities. The Territory meets claims (including claims resulting from school activities or excursions) against it where there is a legal liability to do so. Liability is not automatic and depends on the circumstances in which the injury or illness was sustained. Parents should obtain their own advice about private insurance protection that may assist in meeting expenses if their child is injured or suffers an illness in circumstances where there is no liability on the part of the Territory.

If the outside provider of the service or activity has requested that you sign a waiver or disclaimer statement, the ACT Education and Training Directorate recommends that you consider carefully any risks involved before proceeding.

- I authorise the teacher in charge of this excursion to make arrangements for the welfare of my child, including medical or surgical treatment in an emergency. I also agree to meet the costs associated with any emergency arrangement.
- I agree to meet the costs associated with any emergency arrangement made by the teacher-in charge (free ambulance transportation applies only in the ACT)
- I agree that my child will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that the circumstances warrant such action.
- Please complete the attached medical form which will include information about current medical requirements and/or other needs of the child relevant to the activity
- The Excursion Medical Information and Consent Form must be completed and returned to the school prior to the excursion.
- I understand that video and photographic material may taken of my child on the excursion for assessment, display, moderation and publicity purposes and give permission for this to occur.

As outdoor adventure activities are generally optional enrichment activities, payment is required to cover costs. Schools have an equity fund that can be used to provide financial assistance for students whose parents are unable to make the requested contribution.

Full name of parent/guardian (please print):.....

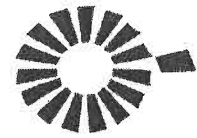
Signature of parent/guardian: Date:

Contact Number:

Fee Code: 10SURF



ACT
Government
Education



HARRISON
SCHOOL

Year 10 Surf Camp - Dietary Requirements

Dear Parents and Carers,

Please use the form below to indicate any special dietary requirements for your child and return to school with other camp forms to the Senior Front Office.

Should you have any further questions please feel free to contact me.

Kind regards,

Farah Atallah
Camp Coordinator

Dietary Requirements for Year 10 Surf Camp

Please return all notes to the Senior Office

Student's Name: Roll Group:

- My child has no special dietary requirements
- My child has the following dietary requirements:

.....

Parent/Guardian signature: Date:

(Organising Teacher: Farah Atalla)



EXCURSION MEDICAL INFORMATION AND CONSENT FORM

Education and Training

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on an excursion involving day travel beyond the ACT or an excursion including overnight accommodation regardless of the distance from the school. It is also intended to be used for an overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken along on the excursion.

The Department collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored used and disclosed in accordance with the requirements of the *Privacy Act 1988* (Commonwealth). Parents/carers must note that in the absence of an **Emergency Treatment Plan** only standard first aid will be administered.

Student's name: Date of birth: Sex: M F
 School: School year: Camp/Excursion: Three Day Bushwalking Expedition
 Parent/Carer:
 Address:
 Contact telephone numbers: Business hours: After hours: Mobile:
 Other contact for emergency: Telephone no.:
 Name of student's doctor: Telephone no.:
 Medicare no: Private health fund: Membership number:
 Ambulance fund: NOTE: Parents/carers are responsible for ambulance costs outside the ACT.

- Please tick the relevant box(es) below if your child suffers from any of the following:
- allergies
 - diabetes
 - fits or blackouts
 - motion sickness
 - nose bleeds
 - anaphylaxis
 - eczema
 - hay fever
 - muscular/skeletal complaint
 - reaction to drugs
 - asthma
 - epilepsy
 - headaches
 - sight/hearing problems
 - blood pressure
 - fainting
 - heart condition
 - sunscreen sensitivity
 - Other:

If you have ticked any of the boxes above, an **Emergency Treatment Plan** must be provided. Proforma plans are available from the school. **NOTE: The school will provide standard first aid treatment only unless an Emergency Treatment Plan is provided.**

Date of last tetanus injection:

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion

Is the student presently taking any medication? Yes No

If YES, please state name of medication, dosage, etc.:

The teacher-in-charge must be informed about the management of any medication before leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases, medication must be labelled with the student's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief. Yes No

I consent to my child receiving ibuprofen. Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

Consent to medical attention: In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid (and, if applicable, treatment as outlined in the **Emergency Treatment Plan** I have provided to the school). I further authorise the school, where it is not practicable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs that may be incurred for the medical treatment, ambulance transport and drugs relating to my child.

Emergency Treatment Plan

I have attached an Emergency Treatment Plan Yes No

If yes, indicate date of plan and doctor's name and contact information.

Parent/Carer signature: Date:



SURFING AUSTRALIA

PARTICIPANT DECLARATION

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

- "Organisers" for the purposes of this declaration means the _____ Surf School 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.
- 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.
- 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 SA 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 SA of any change to my fitness and ability to participate. I understand and accept that SA will continue to rely on this declaration as evidence of my fitness and ability to participate.
- Instructions: I will at all times comply with the instructions and safety procedures of SA.
- Medical Treatment: If required, SA will arrange medical or hospital treatment (including ambulance transportation) for me. I authorise such actions being taken by SA and agree to meet all costs associated with such action.

- Release & Indemnity: My participation in the Program is entirely at my own risk and I agree to:
 - release and forever discharge SA 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;
 - indemnify and hold harmless SA 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).

- Identity: Photographic and or visual images taken by SA of my participation in the Program may be used for general promotion of SA activities.
- 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 SA and to provide me with information pertaining to the Program and SA activities. I understand that I will be able to access my information through SA 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.

Name:			
Address:			
Post code:	D.O.B:	E-mail Address:	
Phone:	Emergency Contact No:		

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

Signed:	Date:
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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.

Parent's signature:	Date:
(Where applicant under 18 years old)	

Print Name:



