Wednesday, 3 February 2016

YEAR 5 EXCURSION - TEEN RANCH COBBITTY

Dear Parents,

Year Five will be participating in a two day Leaders’ Camp from Monday 7th to Tuesday 8th March. This camp will focus on promoting team building and leadership skills.

The children will be participating in a range of activities which will be led and supervised by experienced camp instructors.

The three Year 5 teachers will accompany the students and other staff will visit during camp. We are confident that the experiences gained whilst at camp will strengthen the relationships between the students, as well as those between the students and staff. The skills the students will be developing at camp will be built upon in our Personal Development and Health program throughout 2016.

Accommodation will be at Teen Ranch, Cobbitty. All meals and activities are covered in the cost of this excursion. We will be travelling by coach, departing school at 8:45am on the Monday morning (all children need to be at school by 8:30am sharp) returning to school at approximately 2.30pm on Wednesday afternoon.

The cost of the excursion, including travel to and from the camp by coach, accommodation, meals and activity costs will be $190.00. Please note that this needs to be paid at the school office by cash, cheque or eftpos. 

Would you please complete the attached permission slip and return to school by Friday 26th February, as we need to confirm final numbers by this date. Payment, the Behaviour Contract, Medical Information and the Indemnity Waiver, need to be returned to school by Wednesday 2nd March. A detailed itinerary and packing list will be sent home closer to the date. More information about Teen Ranch can be found at their website http://www.teenranch.com.au/

We understand that the beginning of the school year can be an expensive time for many families. If payment for this excursion in a lump sum will cause financial hardship, please contact the school to discuss the possibility of a payment plan.

We look forward to sharing this wonderful experience with the students of Year Five.

Yours sincerely,

Mrs Tredinnick, Mrs Akkari and Mrs Winter

YEAR 6 TEACHERS
Year 5 Teen Ranch Excursion 2016

I give permission for my child .................................. in class: ............ to attend the Year 5 excursion to Teen Ranch, Cobbitty from Monday, 7th to 8th March, 2016.

☐ I have enclosed full payment of $ 190.00 CASH
☐ I have enclosed full payment of $ 190.00 CHEQUE
☐ Please debit my credit card details as below for $

If paying by Credit Card please complete the following:

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<tr>
<th>BANKCARD</th>
<th>MASTERCARD</th>
<th>VISA</th>
<th>AMOUNT</th>
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EXPIRY DATE  

CARDNUMBER  

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<th>CARDHOLDER NAME</th>
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Verification Code  

(year of card)

This will need to be paid at the school office by Cash, cheque or Eftpos.

Payment is required by Wednesday, 2nd March, 2016 unless other arrangements have been made.

Signed:.................................................................
(Parent/Guardian)
BEHAVIOUR CONTRACT

This contract is to ensure that you are aware of the high standard of behaviour expected of you during our excursion to Teen Ranch.

Only sign this contract if you agree to abide by the conditions contained within.

I understand that a high standard of behaviour is expected of me whilst I am on the excursion to Teen Ranch. I will be polite and respectful in all my dealings with instructors, teachers and other adults. I will treat my peers with respect and value the property and personal possessions of others. I will conduct myself with the knowledge that foolish behaviour may result in my own injury or with that of others and that such behaviour will not be tolerated.

I will at all times be mindful of the fact that I am an ambassador of Bethany Catholic Primary School, my parents and family.

I understand that should I decide not to abide by these conditions my parents will be contacted to discuss any further action required which may include my parents collecting me from camp.

SIGNED: ........................................................................
(Child)

WITNESSED BY: ......................................................
(Parent /Guardian)
YEAR 5 TEEN RANCH EXCURSION
MEDICAL INFORMATION

My child, .................................................. in ..........(class) is attending the 2016 Year 5 Excursion to Teen Ranch, Cobbity. I am aware of the travel arrangements and the nature of the activities that my child will be involved in whilst on the excursion.

Signed: ____________________________________________
               (Parent/Guardian)

Parents'/Guardians' Name/s: ________________________________________________

Home Phone No: _____________________________ Mobile Phone No: _____________________________

To protect your child from possible embarrassment, but not exclude him/her from the programme, the following information is needed:

1. Does your child walk in his/her sleep, wet the bed at night, etc? YES / NO If yes, please specify.

2. Are there other factors which might affect the care of your child, such as asthma, allergies, diabetes, seizures?

3. Has your child been exposed to any communicable disease within the past 21 days? Eg. chicken pox, measles etc.
   if so, which one?

4. What is the name, phone number and address of your child's physician?

5. Child's Birth Date: Month ____________ Day ____________ Year

6. Has your child had a tetanus shot? YES / NO If yes, when?

7. Has your child ever had penicillin? YES / NO If so, is he/she allergic to it or any other medication?

8. Do you know of any health factor that makes it advisable for your child to follow a limited programme of physical activity?
   If so, explain______________________________


10. Medicare Number: (if medical attention is required) _____________________________

Parents will be notified immediately of any illness or accident to children and care will be given to them in accordance with parents' wishes.

Additional comments of Parents:

In the event that your child suffers a headache, toothache or high temperature etc. during the excursion do you give
accompanying staff permission to administer Panadol?  YES ☐  NO ☐

Parent/Guardian Name: ______________________________________ Signed: _____________________________

Date: ____________________________________________
Individual Waiver and Indemnity

(1) I understand that recreational activities organised by Teen Ranch may include, but are not limited to, horse riding, canoeing, abseiling, low and high ropes courses, rock climbing, abseiling, archery, crate climb, giant swing, challenge course, pool games, bush skills, orienteering, bush walks, campfires, wide games, indoor games, initiatives, free time, swimming, sports, craft activities and other similar activities arranged from time to time (Activities).

(2) I acknowledge that the Activities are of their nature inherently dangerous.

(3) I agree to comply with all rules and warnings made available by Teen Ranch with respect to the Activities and follow any instructions or directions given by any employees, representatives or agents of Teen Ranch.

(4) I certify that I am physically fit and have no medical condition that would make participation in the Activities more hazardous. If I am pregnant, disabled in any way or have recently suffered an illness, injury or impairment, I should have or did consult a physician before participating in the Activities.

(5) I agree not to consume alcohol prior to the Activities or use any medicines or substances that will inhibit my mental or physical ability to safely and effectively participate in the Activities.

(6) I agree that Teen Ranch is not responsible for any personal items or property that is lost, damaged or stolen during the Activities and/or from the campsite generally.

(7) I understand that Teen Ranch is committed to conducting the Activities in a safe manner and holds the safety of participants in the highest regard and that Teen Ranch attempts to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants’ safety.

(8) I am solely responsible for determining if I am (or my child is) physically fit and/or sufficiently skilled for the Activities.

(9) I recognise and acknowledge that there are risks of physical injury to participants in the Activities, and I freely and voluntarily agree to assume the full risk of any and all injuries that I (or my child) may sustain as a result of participation in the Activities.

(10) Except where such a claim arises as a result of the negligent acts or omissions of Teen Ranch, I assume all risks and hazards incidental to such participation in the Activities, and I waive and indemnify Teen Ranch, its officers, employees, agents and representatives, for any claim arising out of an injury to my child and from any and all claims arising out of or connected with my child’s participation in the Activities.

(11) Except where such a claim arises as a result of the negligent acts or omissions of Teen Ranch, I agree to release, and not make any claim against Teen Ranch arising as a result of, or in connection with, my child’s participation in the Activities. I agree to indemnify Teen Ranch, its past and present employees, volunteers and agents from any and all third party claims caused in whole or in part by my child’s negligent or intentional acts or omissions.

(12) I consent to medical care and transportation in order to obtain treatment in the event of injury to me (or my child) during the Activities, as Teen Ranch staff members and group leaders may deem appropriate. (I understand that I will be notified as soon as possible if this happens to my child).

(13) I understand that this document extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency and/or injury to me (or my child).

(14) I agree to not amend any part of this document.

(15) I acknowledge that I have read and fully understood the important information above and agree to the terms of this document.

Consent of participant over the Age of 18

FULL NAME: ................................................................. SIGNATURE: .................................................................

Consent of Parent of Guardian for participant under the Age of 18

(1) I am the parent or guardian of the below named participant (Minor).

MINOR’S FULL NAME: .................................................................

(2) I give my approval for the minor’s participation in the Activities.

PARENT / GUARDIAN NAME: ................................................................. SIGNATURE: .................................................................