CAMP INFORMATION

1. GENERAL ITEMS FOR ALL STUDENTS TO BRING
   • Linen – 2 sheets (or sleeping bag), pillow slip & bathroom towel.
   • General Clothing – You need to bring the usual items – underwear, socks, shirts, pants etc. Ensure you have enough sets of clothes for the number of days away – always ensure you have an extra set if one gets wet. The secret to clothes in the mountains – get warm and then stop the wind – put on warm layers of clothes and then stop the wind with a wind proof jacket.
   • Shoes – comfortable shoes – at least 2 pairs in case one gets wet.
   • 2 PLASTIC BAGS – 1 for dirty clothes, 1 for dirty or wet clothes (especially for the Assault course).
   • Swimmers & Pool towel – for swimming, Raft Building, canoeing and the assault course.
   • Favourite CD’s – for Dance Night.
   • Small backpack for Alpine walk.
   • Students will need to bring a small amount of money. Students will need to buy lunch on the way home. Cooba has a drink machine, confectionery machine and small shop for snacks.

2. OUTDOOR PURSUITS GENERALLY
   Students will be involved in a variety of activities so be aware of what they are and include appropriate clothing. It is a good chance they will get dirty. Most clothing is common-sense but be sure to include the following for ALL activities:
   • Sun Cream – SPF30+, you can burn very badly in the snow and the mountain area. This is an essential item. It is also suggested that a Lip Gloss or something similar be taken.
   • Warm clothing – layers are best – singlet, shirt, jumper, jacket.
   • Good footwear – comfortable sport shoes that are well worn in – new shoes can be a danger.
   • Windproof Jacket – stopping the wind is essential.
   • Hat and/or beanie – depending on the weather, stopping the sun or the heat loss is very important.
   • A water bottle that does not leak!

3. SPECIFIC ACTIVITIES
   Alpine (Thredbo) walk – whether walking, field studies, or just having some fun in the mountains protective clothing is essential even outside winter. Students must take:
   • Beanie/hat or other warm head gear. The majority of heat lost from the body is through the head.
   • Gloves – once your hands get cold you are miserable. Waterproof gloves are preferable.
   • Windproof Jacket – the wind is what causes most problems – especially if you get wet.
   • Woollen or synthetic long trousers – Jeans are NOT suitable or appropriate.
   • Layers of lighter warm clothing to wear under your wind proof jacket are better than one bulky jumper, as it warms up layers can be removed to maximise comfort.
   • Socks – woollen socks are best.
   • Eye protection – good quality sunglasses – impact resistant and 100% UV protection.
   • Spare set of clothes – including socks and shoes – if you get wet you MUST have dry clothes.
   • Medication – students MUST take medication eg Asthma sprays, etc.
   • Extras will include – small back pack, water bottle & snacks (lunch is provided).

Assault Team Course – students will get wet, cold and disgustingly dirty. They will need:
   • Very old clothing and shoes – the clothes will get muddy, wet and be thrown into a bag to take home to lucky parents to wash – shoes must be able to be done up.
   • A good non leak plastic bag to throw clothes in and tie up till they get home.
   • Swimmers are needed and MUST be worn under the old clothing.
   • The usuals – warm clothes – towel – hat – etc
QUESTIONS
If you have any questions, please do not hesitate to ask one of the supervising teachers attending the excursions.

SUPERVISING TEACHERS
Mr Chedra, Miss Smidt, Miss Ciferson, Mr Gibbs, Miss Bellamy, Ms. Wong, Mr. Van Baarle and Mrs Gill.

RULES AND BEHAVIOURAL REQUIREMENTS
Regretfully the possibility of student misconduct must be raised. No excessive or unreasonable demands will be placed upon any student. However, in a community of people who are living close together for four days, there must necessarily be rules. These are intended for the smooth, harmonious operation of the camp and for the safety and enjoyment of all. However, any student who displays gross misconduct will be sent home immediately at parental expense. It is not anticipated that such action will be necessary. For the duration of the field study, students will be deemed to be under the school’s jurisdiction and responsibility and, therefore, subject to its rules.

Under no circumstances will alcohol be permitted to be consumed, nor any drug not authorised by a medical practitioner to be administered. Persons on prescribed medication will indicate on the medical form. Students are not permitted to smoke whilst on the excursions.

MOBILE PHONES should not to be brought on the excursion. If a student MUST bring a mobile phone, the following rules will apply. Students must hand their phone into their supervising teacher at the start of the camp. Students then may use their phone in free time only and must hand it back to their supervising teacher prior to dinner each evening. If these conditions are not met, the phone will be confiscated for the duration of the camp and parents will be asked to collect the phone when picking up their child.

Every courtesy and consideration in good manners will be expected to be given to the Centre’s staff, other students at the Centres, the school’s supervising teachers, the public and fellow students. All instructions issued by the staff at the Centres are to be followed and obeyed fully.

ACTIVITIES
Students will participate in the following activities during the Snowy Mountains excursion;

Student Seminars            Kosciusko Trek
Canoeing               Outdoor Activities
Team Manoeuvres             Skit Night
Assault Course            Team Challenges
Silly and Initiative Games          Gladiator Challenge
Raft Building

ACCOMMODATION
Contact Details - Emergency Only
Cooba Sport and Education Centre, Berridale
Telephone: 6456 3150
Fax: 6456 3691
School Mobile: 0417209182

The information contained in this note will be vital to the smooth running of the excursion and the safety and welfare of your student.

MISS D CIFERSON
Teacher, PD/Health/PE
Excursion Co-ordinator
ANNEXURE A

PARENTAL UNDERTAKING

Please complete ALL notes and return to the fees Office
no later than Friday 8 April 2011

The information contained in this note will be vital to the smooth running of the excursion and the safety and welfare of your student.

The Principal
Galston High School
GALSTON NSW 2159

Dear Ms Tourlas,

1 I hereby consent to my son/daughter/ward (Full name) ………………………………fulfilling the requirements of Crossroads by participating in educational excursions to Cooba Sport and Education Centre, and to the HART facility at Homebush.

2 I authorise you or the teacher-in-charge, in the event of any accident or illness, to obtain all necessary medical assistance and treatment and for this purpose to engage, as my agent, any doctors or nursing assistance and hospitalisation as required.

3 I have noted the statement in “Rules and Behavioural Requirements” that any student who displays gross misconduct will be sent home at parental expense.

4 I understand the rules regarding mobile phones and that I will be asked to collect my child’s mobile phone if they break the excursion rules.

Signature: …………………………………… ….. Date: ……………………………..

STUDENT UNDERTAKING

The Principal
Galston High School
GALSTON NSW 2159

Dear Ms Tourlas,

1 I understand that, for the duration of the Crossroads Course, I will be deemed to be under the school’s jurisdiction and its rules and regulations.

2 Under no circumstances will I consume any form of alcohol, nor will I administer or consume any drug not authorised by a register medical practitioner. (See “Rules and Behavioural Requirements” on the accompanying Student Information Sheet.)

3 All students should be aware that a teacher’s duty of care and responsibility to safeguard students permits them, should it be considered necessary, to conduct a search of a student’s bag/belongings for the protection of themselves and others.

4 I will extend every courtesy and consideration in good manners and proprietary to the Centre’s staff, workers, the school’s teachers, the public and to fellow students.

5 I will carefully and fully obey all instructions issued by the Centre’s staff and the school’s teachers.

6 As with any Galston High School excursion, I understand that smoking will not be tolerated at any time.

7 I understand the rules regarding mobile phones and understand that I must give it to my supervising teacher each night prior to dinner.

Signature: …………………………………… ….. Date: ……………………………..
ANNEXURE B

Medical information form

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities.

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

<table>
<thead>
<tr>
<th>Student name:</th>
<th>……………………………………………………</th>
<th>Class:</th>
<th>…………………</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare number:</td>
<td>……………………………………</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent or caregiver contact details

| Name: | ………………………………………………………………………………………………… |
| Address: | ………………………………………………………………………………………………… |
| Home phone: | ………………… Work: | ………………… Mobile: | ………………… |

Doctor contact details

| Name: | ………………………………………………………………………………………………… |
| Address: | ………………………………………………………………………………………………… |
| Doctor's telephone: | 1. ………………… 2. ………………… |

Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: | ……………………………………………… Phone: | ………………… |
2. Name: | ……………………………………………… Phone: | ………………… |

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each and whether any activities will be affected.

………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
### ANNEXURE C

#### Outline special dietary needs including possible reaction to inappropriate diet

<table>
<thead>
<tr>
<th>Details of special dietary needs including possible reaction to inappropriate diet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

<table>
<thead>
<tr>
<th>Details of medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Signature:** …………………………………………………………  **Date:** …………………………

#### Water or swimming activities - advice

The excursion will involve the following water or swimming activities:
- Raft building, kayaking
These activities will take place at: Dalgety River
The school will provide the following flotation devices to students who may require assistance in the water: Lifejackets will be provided for ALL students.

#### Water or swimming activities - response

In relation to the proposed water or swimming activities, I advise that my child is a: (please tick one)

- [ ] strong swimmer
- [ ] average swimmer
- [ ] poor swimmer
- [ ] non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:________________________________________________________

I undertake to provide this device so that my child can participate in the excursion. Yes / No

I give / do not give permission for my child to participate in the water or swimming activities.

**Parent/Guardian Signature:** __________________________________________________
ANNEXURE D

YEAR ELEVEN CROSSROADS COURSE

PARENT(S) OR CAREGIVER(S) UNDERSTANDING OF OUTDOOR ACTIVITIES

I hereby consent to my child ………………………………….participating in the four day camp described above and to participate in any of the activities included (except those I have listed on this permission note) on the terms and conditions following:

Please initial each condition to show you have read, understood and accepted each condition.

1. I/We recognise that Outdoor Pursuits are dangerous activities and that there is an element of risk involved. ………. (Initial)

2. All instructions by the establishment’s staff must be observed if participating in any activity ………. (Initial)

3. My child understands that they have a responsibility to behave sensibly and follow the instructions given by the Teacher and/or Instructor………. (Initial)

4. All accidents or injury to persons must be reported to the establishment before leaving the establishment……… (Initial)

5. We know and understand the inherent risks of the activities the students are participating in. …………. (Initial)

6. I have read the Information Sheet for the Camp, the “What to Bring” sheet and understand that risks are a part of the activities my child is participating in, what the trip involves and what I need to send with my child on the excursion. ………... (Initial)

7. I understand that my child will be undertaking water activities on this excursion……….(Initial)

PAYMENT FORM

STUDENT NAME: …………………………………

I enclose:  o $435.00 full payment.

o Cash  OR  o Cheque (payable to Galston High School)  OR  o Credit Card (PLEASE COMPLETE details below.)

This section is to be completed only IF PAYING BY CREDIT CARD

STUDENT’S NAME: …………………….. ROLL CLASS: ……… AMOUNT: ………………..

Please tick appropriate box. Charge my:  o Bankcard  o MasterCard  o Visa

Card Number: …………………….. …………………….. …………………….. ……………………..

Card Expiry Date: ………. / ………. / ……….

Card Holder’s Signature: ………………………………….

Card Holder’s Name: (Please print) ………………………………….

Card Holder’s Address: ……………………………………….. Postcode: …………….