



YEAR 5 CAMP 2020

Dear Parents

Even before your son officially starts Year 5 in 2020, planning is underway for the Year 5 Camp, which will be held early in Term 1. All six classes will be attending the camp together from **Wednesday 5th February to Friday 7th February 2020**. The venue will be the **Apex Camp, 171 Nojoor Road, Twin Waters (Mudjimba)**. It is an excellent facility, approximately two hours north of Brisbane.

The boys will travel on a chartered bus fully equipped with seatbelts. Numerous Junior School staff members will attend this camp to assist the qualified instructors, who are very professional in providing safe, enjoyable and challenging experiences for the boys. Ten Year 11 students will also be attending the camp to act as mentors.

As your sons are new to Villanova, the main focus of the Year 5 Camp is the development of relationships amongst the students themselves and the relationships between the teachers and students. Students will begin to be immersed in the culture and ethos of the College through the introduction of core values, and learning the College War Cry and the College Anthem.

The students will participate in a number of outdoor activities that will focus on developing a strong sense of school spirit, whilst establishing and developing their individual and team skills. Some of these activities may include, rock climbing, body boarding, mountain biking and canoeing.

The main purpose of this letter is to give parents some advanced notice of the camp and to ask for the completion of some initial paperwork which is required by the Recreation Centre and the College well in advance of the departure date.

Attached is a consent and medical form. Please complete this form and at the Parent Welcome and Information Evening on **Wednesday 16 October, 2019**.

More detailed information will be provided in the first week of the 2020 school year. If you have any initial concerns or queries, please do not hesitate to contact me.

Yours sincerely,

Mr Stephen Rouhliadoff

Head of Junior School



YEAR 5 CAMP 2020

Wednesday 5 to Friday 7 February 2020

Apex Camp - 171 Nojoor Road, Twin Waters (Mudjimba)

Student's Name (please print)

Date of Birth

I give my permission for teachers and instructors to take whatever action they deem necessary to ensure the safety and well-being of the students as a group, or individually, in the above-mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I submit the medical information about the above student and include details of any limitations which he has for the activity concerned.

Parent / Guardian Name

Parent / Guardian Signature

Date

Address _____

PERSONAL / MEDICAL DETAILS

Emergency Contact Numbers

Parent 1		Parent 2			
Full Name		Full Name			
Relationship to Sone		Relationship to Son			
Mobile Phone		Mobile Phone			
Home Phone		Home Phone			
Emergency Contact (not a parent)		Relationship to Son			
Mobile Phone		Home phone			
Medicare Number		Card Order		Expiry	
Blood Type					
Family Doctor			Phone		
Family Dentist			Phone		
Health Insurer (if applicable)			Policy Number		



Medical Conditions: (Please indicate if your son suffers from any of the following medical conditions. If the answer is "Yes" to any condition, please give full details and action plan if required in the space provided below (e.g. allergy/treatment).

Condition	Yes	No	Condition	Yes	No
Asthma (Please provide action plan)			Travel Sickness		
Allergies			Tetanus up-to-date		
Kidney Problems			Recent operation, illness or injury		
Diabetes			Blood Pressure		
Heart Problems			Epilepsy		
Phobias			Sleep Walking		
Bed Wetting			Migraine		
Behavioural/Emotional Disorders (Details below please)			Recurrent/Recent Illness (Details below please)		
Other:					

Details:

Injuries or Operations: (Please provide details if your son is suffering from or recovering from recent injuries or operations)

Allergies: (Please provide details of any allergies your son suffers from i.e. food, medication, bee stings, etc.)



Non-Anaphylaxis:

Anaphylaxis (Please provide full details and current Action Plan. Student will be required to bring Epi-pen from home and keep it on their person at all times).

Diet: (Please provide details of any medically diagnosed dietary requirements your son may suffer from)

Medication: (with original Pharmacy label containing Patient's name, dosage, time to be taken and Medical Practitioner's name) ***Please complete attached Student Medication Request Form***

Do you authorise the provision of paracetamol to your son should the need arise? Yes / No

If "yes", please state the dosage: -----

If you would prefer another form of pain relief for your son, you'll need to provide this yourself. Please indicate in the space below the preferred pain relief. Please note: Any other form of pain relief will need to be labelled with your son's name and required dosage.

Name of other preferred pain relief: -----

SWIMMING ABILITY

Please circle:

Strong (200m+) Competent (100-200m) Fair (50-100m) Weak (10-50m) Non-swimmer

☐

Please tick this box if attaching additional information regarding your son's health. Any additional information that you may wish to supply us regarding any medical considerations for your son will be greatly appreciated.



STUDENT UNDERTAKING

I hereby undertake that while travelling to and from this camp / tour / activity and while in attendance there, I shall behave in an appropriate manner and shall observe whatever rules are decided on as best for the welfare of all participants. I understand that a great deal of responsibility is being placed upon me and I shall do my utmost to do what I can to rise to that responsibility.

Student Signature

Date

Villanova College protects your privacy. Our Privacy Policy outlines how the College uses and manages personal information in accordance with the National Privacy Principles of the Commonwealth Privacy Act. Copies of the Privacy Policy may be obtained from the Main Office.



Indemnity Clause and Liability Waiver

I, the undersigned participant, does hereby acknowledge and fully understand that activities at Bli Bli Watersports are strenuous outdoor physical activities that requires strength, stamina and fitness. These activities include but are not limited to the Wake Park, Aqua Park, Stand Up Paddleboarding and the Fishing Park.

I, the undersigned, further understand that INJURIES can, and do, occur. Serious accidents, (including physical or mental injuries, impairment or death) can happen. Other participants may act dangerously or without skill. Conditions may be hazardous and vary without warning or prediction. My property may be damaged, lost or destroyed. In using any and all activities at Bli Bli Watersports I acknowledge, understand and accept this risk of injury to myself, my friends and their families. People with heart or health problems, pregnant women, pre-existing injuries, especially knees, ankles, shoulders, back & neck, are advised they should not use the park.

I, the undersigned understand and agree to follow all the Aqua Park safety rules listed below, and outlined in the recorded safety brief

- It is mandatory for ALL patrons to wear a BOUYANCY VEST at all times, that fits tightly and securely
- NEVER, under any circumstances, attempt to swim underneath any of the obstacles.
- NEVER DIVE HEAD FIRST into the water from any part of the course. Feet first only
- ALWAYS look up whilst climbing. Do not climb underneath someone above you. People DO fall.
- Make sure the water and landing area is clear of all people before jumping or sliding into the water.
- Correct sliding position is to have arms crossed across your chest with feet and legs together.
- If sliding with a friend DO NOT hold hands. Slide separately.
- Do not slide down any area that has climbing handles attached.
- No pushing or excessively rough play. Smaller children should always be given right of way.
- Tread carefully and show caution as the park is slippery and unstable.
- The park is only for use during public opening hours when lifeguards are on duty.
- The park must never be used under the influence of alcohol, medication or drugs.
- Always follow the directions of the lifeguards on duty

I, the undersigned understand and agree to follow all Wake Park safety rules listed below, and outlined in the safety video

- It is mandatory for ALL patrons to wear a BOUYANCY VEST and HELMET at all times, that fits tightly and securely.
- To stay away from all obstacles and to let go if close to one and/or out of control
- Go between the 2 bouys at each corner (If not the rope goes slack and you are pulled off your board)
- Let go at the exit bouys between the last 2 towers
- If you fall, look behind you for approaching riders and bouncing handles. Swim to shore immediately and walk back to start.
- If the machine stops, let go and swim to shore, then walk back to the start. Do not hold on and attempt to restart.

I, the undersigned understand and agree that

- I voluntarily choose to participate in the activities on the Property and hereby personally and freely assume all risks in connection with these activities, for any injury, death or damage.
- I also agree that I understand these risks and agree to accept those risks and all liability for the consequences of my actions
- I agree that I will not make any claim for personal injury, death or damage (including property damage) or other loss and that I indemnify Bli Bli Watersports for any liability occurring as a result of or in connection with my participation in the activities on the Property.

Participants Name: _____ Date of Birth: _____

If under age 18, Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Emergency Contact Name _____ Emergency Contact Number _____

I have voluntarily read and understood the rules and this warning and accept and assume the inherent risks in all activities at Bli Bli Watersports ****(If participant is under 18, then a parent or guardian must Sign the following)***

Participants Signature _____ Date _____

Parents or Guardian Signature (for participants under 18 years) _____