



# ST JOSEPH'S CATHOLIC HIGH SCHOOL

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21<sup>st</sup> August 2017

Dear Parents/Guardians

## **Year 10 PASS Outdoor Education Camp Monday 30<sup>th</sup> October – Wednesday 1<sup>st</sup> November 2017**

As part of the subject Physical Activity and Sports Studies, students will have the opportunity to participate in a three (3) day outdoor education program. We will be utilising the services of a local professional outdoor recreation company, Optimum Experience, and enjoy activities such as: rock climbing, abseiling, mountain bike riding and canoeing. The program is to be held at Fitzroy Falls and all activities are fully supervised and conducted by qualified instructors.

Mr. Ian Bradburn is a director of Optimum Experiences (OE) and can be contacted on 0418 245 276. All OE staff has training in First Aid and in Outdoor Recreation. OE staff are familiar with the area for the expedition and all activities are well planned and researched. OE & St Joseph's staff will supervise all activities.

An extensive Risk Assessment has been completed by OE and approved by the School Leadership Team

The following Staff will be accompanying the students:

Mrs Brittany Sharkey  
Mrs Jodie Linsley

Staff are versed in First Aid and have Outdoor Recreation experience.

Please note the following details

**Students should NOT bring singlet tops. Only T-shirts with sleeves are acceptable.**

**Departure: Monday, 30<sup>th</sup> October 2017  
7.15 – 7.30am depart Church Street**

**Return: Wednesday, 1<sup>st</sup> November 3.00 pm Church Street**

**Transport: Premier Bus Lines**

**Food: All expedition meals (excluding morning tea & lunch on Day 1) will be provided.**

**Equipment: Expedition equipment including Bivouacs (Fly's), camp cookers/Trangia stoves activity equipment i.e. canoe equipment, PFD's will be provided. Student will be required to bring items as indicated on the equipment list attached.**

**Contact: In the case of an emergency, parents can contact Ian Bradburn (Optimum Experiences) on 0418 245 276.**

If you have any further enquiries or concerns about anything to do with this excursion please feel free to contact your child's PASS teacher at school.

Please note the Director of the camp has the right to ask any group or group members to leave the program at any time if she/he considers their behaviour to be unacceptable or unsafe. School rules

apply to this adventure. Students that fail to follow the school rules may have their parents contacted so that arrangements can be made for the student's immediate departure.

I am extremely confident that the students will experience an exciting and fun camp. Please return the attached permission note to the School Office no later than Monday, 23<sup>rd</sup> October, 2017. If the note is not returned by the due date, your child will not be eligible to attend.

Yours faithfully,

Mr Steve Armstrong  
PDHPE Coordinator

Ms Brittany Sharkey  
PDHPE Teacher

Mrs Jodie Linsley  
PDHPE Teacher

**Year 10 PASS Outdoor Education Camp  
Monday, 30<sup>th</sup> October – Wednesday, 1<sup>st</sup> November 2017**

**Permission Note**

***Please return to the school office by Monday, 23<sup>rd</sup> October 2017. If this note is not returned to the school office by the due date, your child will not be eligible to attend the camp.***

**Please keep the other information for your records.**

I give permission for my child \_\_\_\_\_ (full name) of homeroom \_\_\_\_\_ to attend the Outdoor Recreation Camp on Monday, 30<sup>th</sup> October to Wednesday, 1<sup>st</sup> November 2017 at Fitzroy Falls

I am aware that due to the nature of the excursion and activities that the students will be involved in, there is an element of risk involved for those who attend.

I understand that the cost for this excursion has been included in my child's school fees.

Please indicate your child's swimming ability by circling the most appropriate descriptor below

**Strong**  
(can swim greater than 50m)

**Intermediate**  
(can swim 50m)

**Weak**  
(not confident in deep water /  
struggles to swim 50m)

My child suffers from the following medical conditions and/or requires the following medication:

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My child has the following dietary requirements:

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Parent Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_