



# ST JOSEPH'S CATHOLIC HIGH SCHOOL

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8<sup>th</sup> November 2018

Dear Parent/s and Carer/s,

## Year 7 Camp – December 2018

Year 7 students will be going to Stanwell Tops for Year 7 Camp in week 8. This camp is an opportunity to make new friends, strengthen friendships and celebrate our first year together. Students will stay one night and two days with their peers at the venue and engage in a range of physical and team activities. Some of these activities include: archery, climbing and resilience tests (where the students will learn about supportive team work, risk-taking and enjoy a selection of bonding experiences).

<b>Date:</b>	Monday 3 <sup>rd</sup> and Tuesday 4 <sup>th</sup> of December
<b>Venue:</b>	The Tops Conference Centre at Stanwell Tops
<b>Time:</b>	Bus will be departing Church Street bus bay at approximately 8.45am on Monday and will return at approximately 3:00pm Tuesday
<b>Dress:</b>	Neat, tidy and comfortable clothing (see attached packing list)
<b>To bring:</b>	See attached packing list
<b>Supervising Teachers:</b>	Mrs. Williams, Miss Muniz, Miss Patterson and various other teachers
<b>Cost:</b>	\$200
<b>Payment link:</b>	<a href="https://www.trybooking.com/445313">https://www.trybooking.com/445313</a>
<b>Payment:</b>	<b>Online Payment is our preferred payment method.</b> The abovementioned link closes at 3:30pm on the final payment date. Alternatively, payment is available at the office via Cheque/Cash or Eftpos.

Students are not excluded from any activity where payment is a difficulty. Please contact Ms. Amanda Wilson if you would like to discuss alternative arrangements for payment.

**Please note normal school rules apply. If any student brings banned substances to the excursion or behaves in an extreme manner parents must be prepared to drive to Stanwell Tops to collect their child.**

Please complete the below permission slip including online confirmation payment receipt and return to the school office.

**Final payment is Friday, 23<sup>rd</sup> November 2018; no notes or payments will be accepted after this date.**

Please complete the attached permission note and safety forms, make arrangements for payment and ensure the students complete the packing list attached. Further information about specific details will be provided in the coming weeks

If you have any further issues or concerns, please contact myself via email, or alternatively, the Assistant Year Coordinator, Miss Melanie Muniz.

Kind Regards,

Emma Williams  
Year 7 Coordinator

**Year 7 Camp**  
**Permission Note and Payment information 2018**

Please note the Excursion Policy now states that the permission note and money must be returned to the front office by the due date or your child will not be able to participate.

I give permission for my child,....., of Homeroom..... to attend the Year 7 Camp (travelling to and from the venue by bus), to be held at The Tops Conference Centre at Stanwell Tops from Monday 3<sup>rd</sup> of December to Tuesday 4<sup>th</sup> December, 2018.

I give permission for the attached medical and dietary forms required by The Tops to be passed onto the camp prior to the commencement of the camp.

I understand that my child is to follow all of the rules and expectations of the camp. If my child does not adhere to these rules and expectations whilst attending the camp, I will be required to collect my child from the camp.

I give permission for the School and/or camp staff to administer any necessary First Aid for my child.

The cost of the excursion is \$200.00

Payment method used:

☐ Payment enclosed \$ \_\_\_\_\_

☐ Online payment made:

**RECEIPT ATTACHED / RECEIPT NO:** \_\_\_\_\_

My child suffers from the following medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child takes the following medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has the following **necessary** dietary requirements: \_\_\_\_\_

\_\_\_\_\_

I will provide this medication, fully labelled, to be taken with my child to the Camp (together with a completed Request To Administer Medication form):

Y      N

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

Parent Signature: \_\_\_\_\_

Emergency Contact Number (available 24 hours): \_\_\_\_\_

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



## *What do I bring?*

### What do I bring?

This is by no means a comprehensive list of everything you could possibly need. If in doubt, remember, it's better to have it and not need it than to need it and not have it!

#### Everyone coming to 'The Tops' needs:

- Wet weather gear/rain coat
- Personal Medication
- Hat
- Jumper and/or Jacket
- Sun Screen
- Covered shoes (thongs, sandals are not recommended for outdoor use on site)
- Personal Insect Repellent

#### Additional needs for those staying overnight:

- Linen: 1 base sheet + top sheet or sleeping bag & pillow case. Unless linen hire arranged
- Toiletries
- Bath Towel
- Sleep Wear
- Underwear
- Change of clothes for each day
- Socks

#### Additional needs for those participating in Activities:

- Extra pair of covered shoes
- Water bottle
- Full length tops to cover body when wearing harnesses
- Pants for bushwalking etc.

**Note:** Outdoor activities may result in damage/soiling of clothing. Please ensure clothing is suitable for outdoor recreational use.

#### Extra things you might need:

- Day pack (for bush walking and carrying gear to activities)
- Garbage bag to take wet/dirty clothes home in
- Torch
- Swimmers
- Beach Towel
- Money (coins for guest washing machines and vending machines)
- Camera

Ph:1800 816 496  
Fax: (02) 42941432

Email: <mailto:enquiries@thetops.com.au>  
Web: <http://www.thetops.com.au>





To: The Churches of Christ Property Trust  
(This form will be retained by 'The Tops'  
If you require a copy, please arrange it prior to arrival)

## A

### PARTICIPANT DETAILS

Name \_\_\_\_\_ The participant's age \_\_\_\_\_

Address \_\_\_\_\_

P/code \_\_\_\_\_ Phone. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name of Group \_\_\_\_\_

## B

The participant warrants:

the participant is a member of the following medical fund \_\_\_\_\_

the participants member number of that fund is \_\_\_\_\_

the participants medicare number is \_\_\_\_\_

that apart from the "Disclosed matters" the participant has no current illnesses, injuries or other adverse medical condition and is in good health. The disclosed matters are: The participant should here set out any illness, adverse medical condition or ill health from which the participant is suffering or has suffered or write NIL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the above information has already been collected by the organiser then only Part C needs to be added and supplied to the Tops.

## C

### ACCEPTANCE / ACKNOWLEDGEMENT OF RISK

*The participant acknowledges that a reference to The Trust in this section C includes its servants and agents and further acknowledges that by reason of the nature of activities in which the participant may participate in at The Tops Conference Centre (site) that there is a risk of injury to the participant and/or a risk of an adverse affect to any current or past medical condition of the participant. **The participant acknowledges and agrees that the participant accepts that the participant engages in activities on the site at the risk of the participant.** The participant gives the trust authority, where circumstances deem it necessary, to obtain medical and ambulance assistance for the participant in the case of the participant suffering injury or ill health while on the site. For risk assessment information please visit [www.thetops.com.au](http://www.thetops.com.au) and follow the links to risk assessment.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Sign. (u18's) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_