



St Joseph's Catholic High School

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13 September 2019

Dear Parents/Guardians,

Years 9 & 10 PASS Outdoor Education Camp Wednesday 6 November – Friday 8 November 2019

As part of the Physical Activity and Sports Studies (PASS) course, students have undertaken studies in Outdoor Recreation. As a direct link to the theory component of this course we would like to give students the opportunity to experience relevant outdoor practical activities.

The program is to be held at Fitzroy Falls. Students will be involved in activities including mountain biking, canoeing, abseiling and hiking.

We will be utilising the services of a local professional outdoor recreation company "Optimum Experiences" to achieve these aims. 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 are trained in First Aid and Outdoor Recreation. OE staff are familiar with the area for the expedition and all activities are well planned and researched. OE and St Joseph's staff 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 Jodie Linsley
- Mrs Natalie Behl
- Mrs Michelle Garbutt

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: Wednesday 6 November 2018
7:30 am depart Church Street**

Return: Friday 8 November approx. 3:15pm Church Street

Transport: Warrigal Charters

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. Students need to bring own backpack OR hire one from Optimum Experiences for a cost of \$20.00

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 Friday, 27 October, 2019. If the note is not returned by the due date, your child may not be eligible to attend.

Yours faithfully,

Mrs Jodie Linsley
Acting PDHPE Coordinator

**Year 9 & 10 PASS Outdoor Education Camp
Wednesday 6 November – Friday 8 November 2019**

Permission Note

Please return to the school office by Friday, 27 September. If this note is not returned to the school office by the due date, your child may 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 Wednesday 6 November to Friday 8 November 2019 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:

My child has the following dietary requirements:

Parent Name: _____

Emergency Contact Number: _____

Signed: _____

Date: _____