

8 February 2019

Camp Adair
Year 7 & 8
Tuesday 9th April to Friday 12th April
2019



Dear Parents/ Caregivers

During Week 10 of Term 1 the Year 7/8 students will be participating in a range of experiences at Camp Adair in the Hunua Ranges. This overnight camp is part of our 'Education Outside the Classroom' (EOTC) curriculum for all Year 7 & 8 students. It will involve 3 nights and 4 days of activities that will both challenge and encourage team building for our students.

WHAT WILL WE BE DOING?

Students will be challenged to push themselves and persevere through activities such as:

Confidence course, crate challenge, flying kiwi, kayaking, raft building, super fox, team building, visual orienteering, river traverse, giants ladder and the mudslide.

These activities are all led by qualified instructors and are the best activities which the camp has to offer, maximising the experience for the students. We will require parents to help us at camp to lead activities and assist with all aspects of organisation at camp. We will need parents who are able to stay for the whole camp to enable all the health and safety aspects to be understood by all helpers.

Costing

The cost of camp is \$270. Payment needs to be made through KINDO before Friday, 15 March. Please contact me should you have any questions or concerns regarding payment or setting up a payment plan.

Our thanks to the PTA who are paying for the cost of the transport to and from Camp Adair.

Can you please fill out the **form** below indicating that you give permission for your child to attend. If you have any questions regarding camp organisation please contact me to discuss.

This will be a great experience for our students!

Many Thanks

Robyn Bullough

Camp Organiser

Camp Adair - Parental Consent Form

I give permission for my child _____ to attend Camp Adair and participate in all activities from 2019.

I will complete camp payment of \$270 through the Kindo.

This payment is due by Friday 15 March. Please see Miss Bullough regarding any questions or concerns about payment.

Please state if your son/daughter has any food intolerances /allergies / special requirements

Please indicate below if your child suffers from any medical complaint which we should be aware of e.g. sinus trouble, asthma, sting allergies, bedwetting or hay fever.

I give my consent for the staff / instructors to act in my child's best interests should first aid or other care if required.

Please add any other information which you think we should have.

Parent Helper: Yes / No (circle one)

PLEASE NOTE PARENT HELPERS NEED TO BE AVAILABLE ALL 4 DAYS. Parent helpers are being asked to contribute \$100 to cover their camp expenses.

As a parent helper I understand that I will need to be police vetted and will be responsible for groups of students at Camp. Please state what strengths you could offer at camp.

I understand that there are risks associated with activities at Camp. These risks provide a sense of challenge and achievement. I am aware that all risks will be managed appropriately and that safety will be of prime importance in all activities. I understand that my child needs to be responsible for their own actions and follow all instructions to ensure their safety.

Daytime Contact Number: _____ Name: _____

Evening Contact Number: _____ Name: _____

Email address: _____

Signed: _____ Print name: _____