

14 February 2019



**Chosen Valley  
Year 5 & 6  
Wednesday 10th April to Friday 12th April  
2019**

Dear Parents/ Caregivers

During Week 10 of Term 1 the Year 5/6 students will be participating in a range of experiences at Chosen Valley Camp in Ararimu. This camp is part of our 'Education Outside the Classroom' (EOTC) curriculum for all Year 5 & 6 students. It will involve 2 nights and 3 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:

**Water Slide, Trolleys, Kayaks, Rafting, Confidence Course, Archery, Team Building / Balance Island, Air Rifles**

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 \$240. 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 some of the cost of the transport to and from Chosen Valley Camp.

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

Liz Whittaker  
Camp Organiser

## Chosen Valley Camp - Parental Consent Form

I give permission for my child \_\_\_\_\_ in Room \_\_\_\_\_  
to attend Chosen Valley Camp 2019 and participate in all activities.

I will complete camp payment of \$240 through Kindo.

This payment is due by Friday 15 March. Please see Ms Whittaker 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.

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

**Parent Helper:** Yes / No (circle one)

**PLEASE NOTE PARENT HELPERS NEED TO BE AVAILABLE ALL 3 DAYS. Parent helpers are being asked to contribute \$80 to cover their camp expenses. Kindo will be able to take your payment for this when parent helpers have been confirmed**

*"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.

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

### **All to sign please**

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

Daytime Contact Number: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Contact Number: \_\_\_\_\_ Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_