

Overnight Camp at Maraetai Beach School
Year 7 and 8
Wednesday 12th April to Thursday 13th April 2017



Dear Parent/ Guardian

On Wednesday 12/04/2017 and Thursday 14/04/2017 of Week 11 of Term 1 the Year 7 and 8 students will be participating in a one night overnight camp to be held at Maraetai Beach School.

WHAT WILL WE BE DOING?

The activities that will be organised include water volleyball, spotlight, basketball, indoor hockey and a camp concert and/or a movie.

We will require parents to help us at this overnight camp to lead/oversee activities and assist with all aspects of organisation. We will need parents who are able to stay for the entire night. Students and parents will be sleeping in tents (if weather is fine) and in the hall (if wet weather). Therefore, parents and students will need to bring a tent, their own mattress, their own pillow and a sleeping bag.

WHAT WILL THE OVERNIGHT CAMP COST?

The cost for this overnight stay at school is \$15. This will cover:

1. Dinner
2. Breakfast the next morning
3. milo/hot chocolate for supper

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 either Ms Whittaker or Mrs Curham to discuss.

This will be a great experience for our Year 7 and 8 students!

Many Thanks

Tilly Curham and Liz Whittaker

Overnight Camp at MBS - Parental Consent Form

(Please return this form to your child's classroom teacher by **Tuesday the 4th of April 2017** at the latest)

I give permission for my child _____ to attend the Overnight Camp at MBS and to participate in all activities organised.

I will complete the camp payment of \$15 through the Wrap it Up website.

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 be 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 FROM 1pm AND FOR THE ENTIRE NIGHT ON WEDNESDAY THROUGH TO ABOUT 11am ON THURSDAY MORNING

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

I understand that there are risks associated with activities. 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: _____