



## St Joseph's School

Millar Street, Waroona, Western Australia

PO Box 129, Waroona WA 6215

**Telephone: (08) 9782 6500**

Email: [admin@stjoeswaroona.wa.edu.au](mailto:admin@stjoeswaroona.wa.edu.au)

Web Site: [www.stjoeswaroona.wa.edu.au](http://www.stjoeswaroona.wa.edu.au)

27<sup>th</sup> February 2018

Dear Parents,

We are very excited about the Year 6 Camp coming up! This year we have booked an adventure camp that will involve many opportunities for team building and personal challenges:

Venue: Woodman Point Recreation Camp, Munster (near Fremantle).

Date: Tuesday 20<sup>th</sup> March 2018 – Friday 23<sup>rd</sup> March 2018.

Time: Depart school at 9.00am on Monday 20/3/18  
Return to school at 2.45pm on Friday 23/3/18

Requirements: See attached List. *Please ensure all items are clearly labelled.*

Transport: Anzellino Bus Services.

Supervisors: Mr Travis Bienkowski, Miss Tori Johnson and  
Mrs Jenny Gorman (Tuesday only).

A medical form and permission slips are attached to this letter. Please complete these forms and return them to school by Friday 9<sup>th</sup> March (Week 6). A detailed itinerary will follow (it will include a rock climbing activity, hence an enrolment form is required). A Parent Information Session will held in the Yr 6 Classroom at 2:45pm on Tuesday 13<sup>th</sup> March 2018.

If your child requires medication on camp, this needs to be packed together in a snap-lock bag, clearly labelled (with name and instructions) and handed to Miss Johnson on the day of departure.

On Tuesday, we will be swimming prior to unpacking at the campsite so please send your child to school with bathers under their casual clothes. Morning tea, lunch, a hat, beach towel and a water bottle is required to be packed into a small backpack to take on the bus for easy access.

Yours sincerely,

Jenny Gorman  
Assistant Principal



## St Joseph's School

Millar Street, Waroona, Western Australia

PO Box 129, Waroona WA 6215

**Telephone: (08) 9782 6500**

Email: [admin@stjoeswaroona.wa.edu.au](mailto:admin@stjoeswaroona.wa.edu.au)

Web Site: [www.stjoeswaroona.wa.edu.au](http://www.stjoeswaroona.wa.edu.au)

# 2018 Year 6 Camp Costs

27<sup>th</sup> February, 2018

Dear Parents,

The 2018 Year 6 Camp to Woodman Point will cost \$300 per student for four days and three nights (includes all activities, accommodation, travel costs, and meals).

**Thanks to a very generous donation from the St Joseph's P&F Association of \$1500, costs have been reduced for all students.**

A general breakdown of the camp costs is provided for your information:

Accommodation and food	\$3679
Bus & travels costs	\$800
Activities & Excursions	\$2121
Total	\$6600
<b>Minus the donation from P&amp;F</b>	<b>-\$1500</b>
Total cost	\$5100
17 students	
Cost to parents, per child	<b>\$300</b>

The amount of \$300 will be added to your school fees account. If you would like to pay for your child's camp costs upfront, you may pay directly into your school fees account. Please contact Mrs Heather Brown in admin if you require any further information regarding paying for camp costs.

If you have any further queries, please do not hesitate to contact me.

Yours sincerely,

Mrs Jenny Gorman  
Assistant Principal



# St Joseph's School

Millar Street, Waroona, Western Australia

PO Box 129, Waroona WA 6215

Telephone: (08) 9782 6500

Email: admin@stjoeswaroona.wa.edu.au

Web Site: www.stjoeswaroona.wa.edu.au

## 2018 Year Six Camp - Permission Slip

Name of Child: \_\_\_\_\_

I give permission for my child to attend the Year 6 camp from 20<sup>th</sup> March 2018 to 23<sup>rd</sup> March 2018 inclusive at Woodman Point Recreational Camp in Munster. I acknowledge that s/he will be travelling by bus to and from the camp, and via the Transperth Network to and from Fremantle on Wednesday 21<sup>st</sup> March 2018.

I also give permission for my child to travel in Mr Bienkowski's car or by ambulance to obtain medical attention if required or in case of an emergency.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Excursions:** I give permission for my child to attend all excursions while at camp.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication:** Details of medication (frequency, dosage etc.) are to be sent in writing to Miss Johnson. Please ensure that any medication required is labelled with your child's name and given to Miss Johnson upon arrival at school, prior to departure for camp.

I give permission for the teacher to administer medication, as per my instructions.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for the teacher to administer over the counter medication, as per instructions on the label, as required.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PG Movies:** I give permission for my child to watch a PG rated movie on camp.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Behaviour Agreement:** It is required that all students will follow the teachers' and camp instructors' directions and guidelines at all times. Failure to comply with these instructions may result in a student being asked to leave if his/her behaviour is believed to cause danger to themselves and/or other students.

Consideration and co-operation with others will be expected at all times and forms part of the camp experience. Any student who does not abide by the camp rules or whose behaviour causes continual disruption may also be asked to leave.

In both instances, parents will be contacted and required to collect the student from Woodman Point Recreational Camp in Munster at their own expense.

I \_\_\_\_\_ and my parent/s \_\_\_\_\_ agree to abide by the above conditions.

Student signature: \_\_\_\_\_

Parent/s signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ST JOSEPH'S SCHOOL WAROONA

## 2018 CAMP MEDICAL INFORMATION SHEET

**Please note: The information provided on this sheet will be treated with strict confidentiality. Only Mr Bienkowski and Miss Johnson will have access to it.**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MUM'S PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DAD'S PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

CONTACT IF NO ONE ELSE CAN BE REACHED: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

MEDICAL INSURANCE? YES/NO NAME OF FUND AND MEMBER #: \_\_\_\_\_

AMBULANCE COVER? YES/NO MEDICARE NUMBER: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

TETANUS BOOSTER IN THE LAST 12 MONTHS? YES/NO \_\_\_\_\_

PLEASE CIRCLE ANY MEDICAL CONDITIONS BELOW YOUR CHILD SUFFERS FROM:

Heart Problems	YES/NO	Diabetes	YES/NO
Asthma/Respiration Issues	YES/NO	Blood Pressure	YES/NO
Bed Wetting	YES/NO	Epilepsy	YES/NO
Drug Allergies	YES/NO	Phobias	YES/NO
Food Allergies	YES/NO	Recent Illness or operation	YES/NO
Other Allergies	YES/NO	Other Issues	YES/NO
Anaphylaxis/EpiPen	YES/NO		

Please give details of anything marked "YES" above:

\_\_\_\_\_

\_\_\_\_\_

Dietary Requirements:

Vegetarian    
  Vegan    
  Gluten Free    
  Diabetic  
 Lactose    
  Dairy    
  Preservatives    
  Nuts  
 Egg    
  Religious    
  Other \_\_\_\_\_

Please give details of any medication being taken by your child including dosage, frequency etc.  
**ALL MEDICATIONS MUST BE CLEARLY LABELLED AND GIVEN TO THE TEACHERS.**

\_\_\_\_\_

\_\_\_\_\_

I hereby authorise the teacher in charge, or a representative, to obtain medical attention as may be deemed necessary and I understand that I am responsible for the costs. I further authorise qualified practitioners to administer anaesthetic and blood transfusions if the necessity arises.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Rockface Enrolment Form

**1 Participant's details**

Membership Number:

Please complete using BLOCK LETTERS. The person whose details are written in this section is the **Participant** in this document.

Given/First name(s):					
Surname/Family Name:					
Date of Birth:	DD / MM / YYYY	Gender (please tick):	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Home Phone Number:		Mobile Phone Number:			
E-mail Address:	<small>(Rockface would like to notify you of competitions, gym news, member specials, etc. Your details will be kept confidential and will not be given or sold to other organisations)</small>				
Street Address:					
Suburb:		Post Code:		Country: <small>(if other than Australia)</small>	

**How did you hear about the Rockface?**

- (a) A friend introduced me to Rockface:
- (b) I found Rockface on the web:
- (d) I found Rockface in the Yellow Pages:
- (f) Other (Please describe):

Friend's name

Membership number

(c) I visited with a school, club or organization:

(e) I read about Rockface in a magazine/newspaper:

**Participant's acknowledgments**

The participant acknowledges that:

- (a) There is an inherent risk of injury in climbing due to equipment failure, falling objects, human error and any combination thereof. The Participant voluntarily accepts and assumes the risk of injury due to any of these causes and understands the inherent risks associated with climbing.
- (b) Rockface has no qualified medical assistance available and the Participant accepts the risk that in the event of an injury requiring medical treatment, the Participant will have to obtain such assistance from an independent source.

**Participant's health**

The Participant warrants that he or she has no medical condition that will affect his or her ability to perform climbing.

**Rules**

The Participant has read the rules and agrees to comply with the Rules of Rockface and agrees to comply with those rules at all times whilst in Rockface.

**Where Climber under 18**

The Participant's parent/guardian acknowledges and agrees that the sport of rock climbing and the use of the facilities owned and maintained by Rockface has inherent risks of injury. The Participant's parent/guardian realises that the Participant may suffer injury from climbing, and that the highest safety standards and equipment cannot remove all of the dangers to the Participant.

I HAVE READ, AND UNDERSTAND, THE TERMS OF THIS DOCUMENT. IN RETURN FOR BEING ABLE TO USE THE GYM, I AGREE TO BE BOUND BY ALL TERMS OF THIS DOCUMENT.

Participant's Signature

Date

If Under 18, signature of Participant's parent/guardian

Date

Signed on behalf of Rockface



# 2018 CAMP PACKING LIST

## NOT PERMITTED:

Money, jewellery, electronic games/gadgets, iPads, laptops, mobile phones, bubble/chewing gum, aerosols (eg deodorant or body spray).

*All articles are to be clearly labelled:*

- Bathers
- Hat
- Beach towel
- Sleeping bag
- Pillow & pillowslip
- Fitted, or flat sheet
- 1 pair thongs to wear in the showers and in the evenings
- Sleeping attire (pyjamas)
- Torch
- Personal toiletries (roll-on deodorant, soap, toothpaste and toothbrush, hairbrush and/or comb, shampoo, etc.)
- Small tube of sunscreen (school will also provide sunscreen)
- Underwear for 4 days
- One bath towel
- Casual warm clothes for evening activities – eg. jeans, tracksuit, jumper
- Casual cool clothes – eg. shorts and t-shirts
- Insect repellent (roll on please)
- Joggers/sneakers/walking shoes
- Socks – one pair for each day
- Refillable water bottle
- Lightweight weatherproof jacket
- Large plastic bag for dirty laundry
- Pencil case with writing materials
- A book, or magazine to read
- Back pack/day pack (take on the bus)
- Camera (disposable if preferred)
- Some lollies/snacks however NO bubble-gum or chewing gum

## **CAMP CONTACT DETAILS**

**(to be used only in case of emergency)**

**Mr Bienkowski's Mobile Phone: 0477 360 995  
Woodman Point Recreation Camp: 08 9492 9797**