



# GOSFORD PUBLIC SCHOOL YEAR 5 POINT WOLLSTONCROFT 2010

PH: 4325 2267



Dear Parent/Caregiver

Your child's grade is going on a three day excursion to Point Wollstoncroft Fitness Camp. This excursion has the approval of the principal and supports the Year 5 work being done in Health /PD /PE units in the classroom.

EXCURSION DETAILS	
Place of excursion: <b>DEPARTMENT OF SPORT &amp; RECREATION POINT WOLLSTONCROFT CAMP</b>	Date <b>17<sup>th</sup> March 2010 – 19<sup>th</sup> March 2010 Term 1 : Week 8.</b>
Place of departure <b>GOSFORD PUBLIC SCHOOL GEORGIANA TERRACE</b>	Time of departure <b>9:15AM Wednesday 17<sup>th</sup> March 2010</b>
Place of return <b>GOSFORD PUBLIC SCHOOL GEORGIANA TERRACE</b>	Time of return <b>2:30PM Friday 19<sup>th</sup> March 2010</b>
Cost <b>\$205.00 – Please note: This can be paid in instalments. Final date of payment is <u>Wednesday 3rd March 2010</u>. Term 1 Week 6.</b>	
Transport details <b>Bus</b>	Staff attending <b>Ms Smith, Ms Scott &amp; Mrs Moore</b>

Please find attached information that includes a list of items to bring and medical information forms to be completed for the Department of Sport and Recreation. In addition to these is the school's permission note, also required.

Please complete these forms and return them to school as soon as possible as full details of students, including medical and dietary requirements, have to be compiled and sent to the camp. Full cost of this excursion will need to be paid by **Wednesday 3rd March**, as numbers need to be confirmed to the centre by that week.

Teachers feel that as the students are representing our school while away, their behaviour should be exemplary. Inclusion in the excursion is dependent upon a high standard of behaviour at school between now and attending. Please discuss this with your child.

Thank you  
*Ms Smith, Ms Scott & Mrs Moore*  
Year 5 Teachers

*Alan Wort*  
Principal



**Permission Note**

*Please return all permission & medical notes to Ms Smith (5K) **as soon as possible.**  
Payment must be completed by **Wednesday 3rd March 2010.***

I give permission for my child \_\_\_\_\_ of class \_\_\_\_\_ to attend the three day sport and recreation camp at Point Wollstoncroft on Wednesday 17<sup>th</sup> March 2010 to Friday 19<sup>th</sup> March 2010. I understand that travel to and from the camp will be by bus.

\_\_\_\_\_  
Parent/ Caregiver Name

\_\_\_\_\_  
Parent/ Caregiver signature

\_\_\_\_\_  
Date

**Important Details:**

*First Emergency Contact whilst at camp:*

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

Relationship to student: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

*Second Emergency Contact whilst at camp:*

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

Relationship to student: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

***Who will be collecting your child on Friday 19<sup>th</sup> March 2010 at 2:30pm?*** (if unknown at this point, please advise your child's teacher once known)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact number/s: \_\_\_\_\_

## Water Activities Permission Note

Students will have the opportunity to participate in some boating (kayaking/ canoeing – to be determined) activities on the water at the camp. During these activities all children will be required to wear personal floatation devices (PFDs). The DET require us to have parent/ caregiver permission for children to undertake water activities. Please complete the following.

I give permission for my child to participate in all boating activities at Point Wollstoncroft between Wednesday 17<sup>th</sup> March 2010 and Friday 19<sup>th</sup> March 2010. I understand that the students will be wearing personal floatation devices throughout these boating activities.

Childs name: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Caregiver Name

\_\_\_\_\_  
Parent/ Caregiver signature

\_\_\_\_\_  
Date

Please **tick and sign** the appropriate line in both Section A and Section B. Failure to sign both section A and B will result in the exclusion of your child from these boating activities.

### SECTION A

a) My child can swim 50m unaided. \_\_\_\_\_

b) My child can not swim 50m unaided \_\_\_\_\_

### SECTION B

My child is a.....

a) Non Swimmer \_\_\_\_\_

b) Poor Swimmer \_\_\_\_\_

c) Average Swimmer \_\_\_\_\_

d) Strong Swimmer \_\_\_\_\_

Name of parent/guardian: ..... Date: \_\_ / \_\_ /2010