



LEARNING FOR LIFE

Respect Responsibility Honesty Achievement

March 2021

Dear Parents/Caregivers,

Year 7 overnight camp, Term 2

Week 5: May 25-28, 2021

Camp is a unique experience which allows students to spend time with their peers and teachers outside of the school environment. At Wirreanda Secondary School, we believe that camp plays an important role in assisting students to continue their transition into secondary school and specifically into their Wirreanda Secondary School Houses. As such, all Year 7 students have the opportunity to attend a camp at the AFL Max facility with their House peers in Week 5 of Term 2.

Red House: Tuesday 25th May - Wednesday 26th May, 2021

Green House: Wednesday 26th May - Thursday 27th May, 2021

Yellow House: Thursday 27th May - Friday 28th May, 2021

Students will meet at the Southern carpark (Richards Drive) at 9.00am on the day of their House departure. They should be dressed in sun-safe, comfortable, casual clothing (House-coloured PE shirts are recommended). Expected return time from camp is 3.00pm on the following day, and students can be dismissed with parental/caregiver permission from the school between 3:00 and 3:30pm.

Outcomes and activities

Wirreanda Secondary School staff members will accompany the students on each camp. During the camp, Year 7 students will:

- develop connections with their House and key staff associated with that House
- participate in activities designed to develop their self-esteem, confidence and sense of belonging
- develop connections with their student House Captains, and

The camp program will include:

- AFL Max - Max Active program
- Team-building and leadership challenges

STUDENTS WILL NEED TO BRING:

Food	
<ul style="list-style-type: none">• Packed recess and lunch on first day• Drink bottle	
Clothing	
1 change clothes (including House PE shirt)	Hat
Warm clothing for evenings	Underwear for 2 days
Comfortable closed footwear	
Other	
Sleeping bag and pillow	Towel
Toiletries (no spray deodorant or perfume)	Sunscreen
Medication if necessary (labelled clearly and handed to teacher on the morning of the camp)	

Please note: labelling clothing and other personal items will help reunite them with their owners if misplaced.



ACTIVITY INFORMATION SHEET

<p>REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES</p>	<p>Reason for:</p> <ul style="list-style-type: none"> ● Raising Aspirations and Develop House / School Culture ● Develop connections with their House and key staff associated with that House ● Participate in activities designed to develop their self-esteem, confidence and sense of belonging ● Engage in unique experience (reflecting Raising Aspirations and Culture focus at WSS) <p>Planned activities:</p> <ul style="list-style-type: none"> ● AFL Max Active program <ul style="list-style-type: none"> ○ An overnight camp experience at AFL Max combining Fitness, Nutrition, Positive Education and Fun! The perfect balance to become a healthier and happier person. ● Team-building and leadership challenges at Colley Reserve
<p>TRANSPORT ARRANGEMENTS</p>	<p>Willunga Charter departing at 9:20, students to meet at 9:00am</p>
<p>NUMBER OF STUDENT/CHILDREN ATTENDING</p>	<p>Approx 40-45 students per camp</p>
<p>NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING</p>	<p>Minimum 4 at any given time</p>
<p>FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO</p>	<p>Minimum 1:10 however once at the AFL Max Facility this increases to a minimum 1:7</p>



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Step 2 Register

Select your Country of Residence as 'Australia' and follow the steps to register

Step 3 Find our school

Our school will appear in 'Nearby Locations' if you're within 10kms of the school, or search for our school by name.

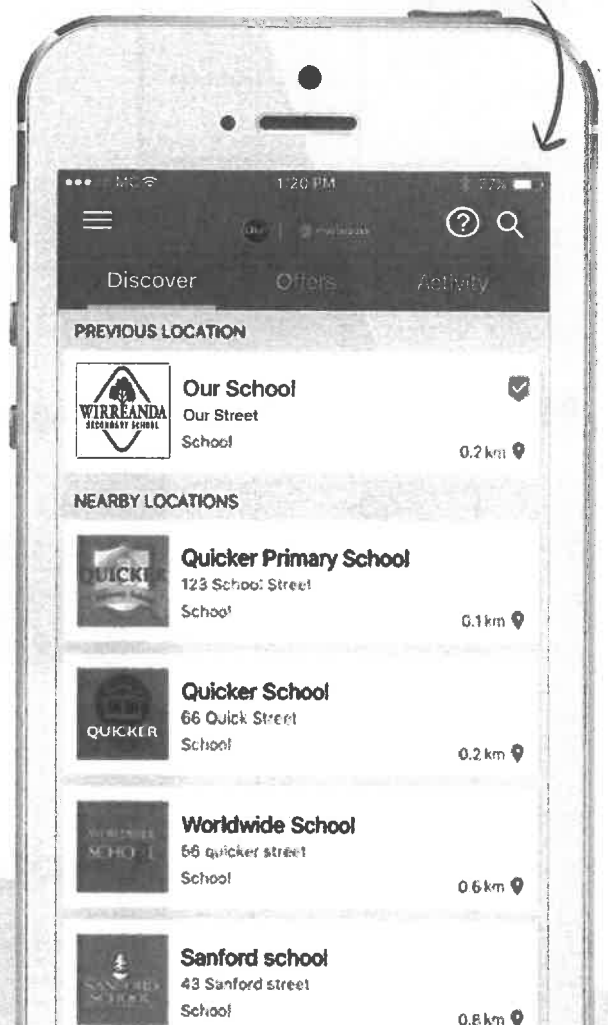
Step 4 Register your children

When first accessing our school you will be prompted to add a student profile for your child. This allows you to make orders and payments for them.

Search for our school name

If you have made a purchase you can select our school from 'Previous Location'

If you're within 10 kms of the school, you can select our school from 'Nearby Locations'





CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY
(Note: that parents/legal guardians includes independent students)
Please use block letters when filling out this form

As a parent/legal guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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give my consent for _____ [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Year 7 Camp - AFLMax - Max Active CAMP THREE - Yellow House
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do not give my consent for _____ [name of child] to participate in any religious activities outlined below (if applicable)

at/on:

LOCATION	AFL Max - 32 Butler Bvd, Adelaide Airport SA 5950 Colley Reserve - Unit 915/27 Colley Terrace, Glenelg SA 5045 (Day Two)
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FROM:

27	05	2021

 TO:

28	05	2021

 OR ON:

Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school/preschool in the box below (including food allergies).

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Details of planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the site.

Signed: _____ Date: / /

Parent/Legal Guardian (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
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TELEPHONE (1)	TELEPHONE (2)	MOBILE	
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Student Medic Alert Number (If applicable):	
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*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.



Water Safety Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in Water Safety activities. This form will be shown to School Staff and Water Safety Instructors and Emergency Services Personnel responsible for this student's safety in Water Safety activities.

*** STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM**

Section 1: Personal Details

Student Name _____ Date of Birth _____

Name of School _____ Medic Alert NO.(if relevant) _____

Emergency Contact Person _____ Contact No. _____

Section 2: Health Support Information

Please complete the following information so the instructors and school staff can plan for your child's safety in the water.

Does your child have a health care need that could affect their safety in the water? Yes No

If **NO** - please go to Section 3 - consent to participate in Water Safety Activities.

If **YES** - you must complete this section below:

If you tick any of the boxes below, the Water Safety Instructors require a written Health Care Plan from your child's doctor / treating health professional. This may be a copy of the information you have provided already to the school, or further information relating to a water environment / activity.

Asthma <input type="checkbox"/>	Seizures, Epilepsy <input type="checkbox"/>	Incontinence <input type="checkbox"/>
Severe allergy (e.g. bee sting) <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Medication taken at school <input type="checkbox"/>
Joint disorder <input type="checkbox"/>	Heart Disorder <input type="checkbox"/>	Swallowing / choking <input type="checkbox"/>
Vision impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Communication difficulties <input type="checkbox"/>
Ear disorder <input type="checkbox"/>	Skin condition <input type="checkbox"/>	Other (please provide details) <input type="checkbox"/>

IMPORTANT:

Have you attached health care details from your child's doctor / treating health professional? Yes No

If **YES**, write down what you have attached and please ensure all relevant medication is provided.

If **NO** - Failure to provide a Health Care Plan will mean that in the event of a medical emergency your child will be treated with standard first aid management.

If you tick any of the boxes below regarding your child's well-being in the water, The Water Safety Instructors need a brief outline of the student's specific issue in regards to water.

Anxiety Fear of Water Other

Details:

Section 3: Consent to take part in Water Safety activities:

I give consent for my child named above to participate in Water Safety activities which will be supervised by School Staff. I understand that the water safety instructor will be in charge of the water activities.

I understand that failure to provide a Health Care Plan will mean standard first aid management can only be applied.

Parent / Guardian:

Signature:

Date:



- c. are deemed void if tampered with.
 - 6. You acknowledge that:
 - a. external food and drink cannot be consumed on Our premises; and
 - b. smoking, the consumption of alcohol (other than alcohol supplied by Us) or the use of any unlawful drugs or stimulants at Our premises is strictly forbidden and Your participation in the Recreational Activities will not be allowed if one of Our employees consider that You have undertaken these activities at Our premises, or are under the influence of alcohol or unlawful drugs or stimulants; and
 - c. You cannot use Our equipment under the influence of alcohol, drugs or any other stimulant.
 - 7. A deposit is required to secure a party or event booking, and full payment made prior to Your visit. The deposit and the full payment made in advance are non-refundable.
 - 8. These Conditions are governed by the laws of the State of South Australia, the courts of which shall have exclusive jurisdiction. If any of these Conditions are determined to be void, invalid or otherwise unenforceable, such conditions shall be deemed deleted and the remaining Conditions remain and continue to be valid, binding and enforceable
- FAIR TRADING REGULATIONS 2010 Form 1—Recreational services—Exclusion, restriction or modification of rights under the Australian Consumer Law (SA)**
- 9. Your Rights: Under sections 60 and 61 of the Australian Consumer Law (SA), if a person in trade or commerce supplies You with services (including recreational service), there is:
 - a. a statutory guarantee that those services will be rendered with due care and skill; and
 - b. a statutory guarantee that those services, and any product resulting from those services, will be reasonably fit for the purpose for which the services are being acquired (as long as that purpose is made known to the supplier); and
 - c. a statutory guarantee that those services, and any product resulting from those services, will be of such a nature, and quality, state or condition, that they might

reasonably be expected to achieve the result that the consumer wishes to achieve (as long as that wish is made known to the supplier or a person with whom negotiations have been conducted in relation to the acquisition of the services).

- 10. Excluding, restricting or modifying Your rights: Under section 42 of the Fair Trading Act, the supplier of recreational services is entitled to ask You to agree to exclude, restrict or modify his or her liability for any personal injury suffered by You or another person for whom or on whose behalf You are acquiring the services (a third party consumer). If You sign this form, You will be agreeing to exclude, restrict or modify the supplier's liability with the result that compensation may not be payable if You or the third party consumer suffer personal injury.
- 11. Important: You do not have to agree to exclude, restrict or modify Your rights by signing this form. The supplier may refuse to provide You with the services if You do not agree to exclude, restrict or modify Your rights by signing this form. Even if You sign this form, You may still have further legal rights against the supplier. A child under the age of 18 cannot legally agree to exclude, restrict or modify his or her rights. A parent or guardian of a child who acquires recreational services for the child cannot legally agree to exclude, restrict or modify the child's rights.
- 12. Agreement to exclude, restrict or modify rights: I agree that the liability of AFL Max Pty Ltd (ACN [insert]) as trustee for [insert name of trust (if relevant)], and trading as AFL Max for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is excluded.
- 13. Further information: Further information about Your rights can be found at www.ocba.sa.gov.au

FULL NAME

DATE OF ENTRY

DATE OF BIRTH

SIGNATURE

