



## Year 5/6 Camp Borambola Student Agreement

The success of any camp relies largely on two things – the program being offered and the cooperation and behaviour of the students attending camp. Responsible behaviour should ensure a great time for both students and staff attending and for the staff of the camp venue.

To ensure that both you and your parents/carers are fully aware of the code of behaviour that is to be adhered to whilst attending camp, you and your parent/carer are required to read the following code of conduct. If, and only if, you accept to abide by these conditions both you and your parent/carer are asked to sign the document.

- I will observe directions given to me by camp staff, Aranda staff and if necessary staff from other visiting schools.
- I will behave in a manner that will not put the safety of others in jeopardy.
- I will be respectful to classmates, students from other visiting schools, Aranda staff, staff from other visiting schools and staff of the host camp venue.
- I will respect the property of others and that of the camp venue.
- I will be responsible for any deliberate damage caused by inappropriate, wilful or dangerous behaviour.
- Failure to abide by one or more of these conditions may result in my removal from the camp and the return home will be at the expense of my parents/carers. **NB.** No refund will be given if a child must be removed from camp.

I, \_\_\_\_\_ (child's name) have read the above information and agree to abide by the conditions set out.

Student's signature: \_\_\_\_\_

Parent's/Carer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

## Year 5/6 Camp Borambola Agreement

I, \_\_\_\_\_ (parent/carer name) give permission for (child name) \_\_\_\_\_ of class \_\_\_\_\_ to travel by bus to and from Aranda Primary School and Camp Borambola from Monday, 8 April to Wednesday, 10 April 2019.

I authorise the teachers in charge to make any necessary arrangements, medical or otherwise for the welfare of my child in case of an emergency, (including hospital treatment) and agree to meet any costs incurred.

I agree to my child being under the teachers' supervision for the duration of the camp, and to the teacher being empowered to return my child home, at my expense if the teachers consider that circumstances warrant such action.

I understand that the cost of the camp is \$297 to cover food, accommodation and travel.

*The ACT Education Directorate is an agency of the ACT Government (the Territory). The Territory has insurance arrangements in place in order to meet certain liabilities. The Territory meets claims (including claims resulting from school activities or excursions) against it where there is a legal liability to do so. Liability is not automatic and depends on the circumstances in which the injury or illness was sustained. Parents should obtain their own advice about private insurance protection that may assist in meeting expenses if their child is injured or suffers an illness in circumstances where there is no liability on the part of the Territory. If the outside provider of the service or activity has requested that you sign a waiver or disclaimer statement, the ACT Education Directorate recommends that you consider carefully any risks involved before proceeding.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian**

Please return this information to the school by **Monday, 18 March 2019.**

**Banambila St, Aranda ACT 2614**

Phone: (02) 6142 3030

info@arandaps.act.edu.au

www.arandaps.act.edu.au



Child's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

## Dietary Requirements

Does your child have any Dietary Requirements? Please circle one of the following options:

**NO**

**YES**

If **YES**, please provide details below:

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## Emergency Contact Information

In case of an emergency please provide contact details:

Name	Relationship to Child	Contact Number