

YOUNG HIGH SCHOOL

Campbell Street (Locked Bag 8008) Young NSW 2594 Phone: 02 6382 1166 Principal - Keith Duran

**EXCURSION TO:** Penrith/Blue Mountains

DATE: 4th, 5th, 6th December

COST: \$425.00

**ORGANISER:** Miss Slater & Miss Walsh

GROUP/CLASS ATTENDING: Year 7 & 8

VENUE: Various Venues

Depart time: 2pm Return Time: Approx. 5pm

**Amount Owing: \$355** 

Full Payment Due: 1<sup>st</sup> November (Week 3, Term 4)

No OF STUDENTS: 61 students

Year 7 & 8 students will be attending a Wellbeing Excursion to Penrith and the Blue Mountains on the 4<sup>th</sup> – 6<sup>th</sup> December, 2019. The cost for this excursion is \$425. This includes:

Transport to and from Penrith/Blue Mountains by coach or the school bus

o Two nights' accommodation and Breakfast at Cables Wake Park in Penrith

o Ten Pin Bowling, Laser Tag and dinner at Penrith

o Rock-climbing, abseiling and lunch in the Blue Mountains

o Buffet style dinner at the Penrith RSL

o Activities at Cables Wake Park including Wake Boarding/Knee Boarding and an Aqua Park session.

Students will need to bring their own money for lunch on Friday. Students are also encouraged to bring snacks to eat throughout the excursion.

If required please access the following payment plan. Please ensure you make some contribution to your payment by the end of term 3 (27th September) to secure the activities and venues.

O Payment 1 - \$100 - 29th Auggust (week 6, term 3)

o Payment 2 - \$100 - 19th September (week 9, term 3)

o Payment 3 - \$100 - 17<sup>th</sup> October (week 1, term 4)

o Final Payment - \$55 – 1<sup>st</sup> November (week 3, term 4)

Please ensure all the forms attached are completed and returned to the school by the 1st November.

TRANSPORT: Wilkinson's Coaches / School Bus

SUPERVISING STAFF: (Emergency care for day excursion/CPR for overnight and water ac/ivities)

Abby Slater

CONTACT PHONE NUMBER: 63821166 (school)

PRINCIPAL: Migela H Tund ORGANISING TEACHER: per Anna Barkes.

Students who miss a paid excursion will NOT be refunded any moneys paid without the approval of the Principal.

Please keep this page for your own reference.

Please return the next page with payment to the front office.

**EVERY STUDENT MATTERS** Opportunity Diversity Inclusivity

PARENTAL/GUARDIAN GENERAL CONSENT FORM
EXCURSION TO:
I hereby give my consent for of roll group of roll group
to participate in excursion to: Penrith/Blue Mountains on 4 <sup>th</sup> – 6 <sup>th</sup> December.
I give permission for my child to receive medical treatment in case of emergency.
Medicare Number:
My child has the following special needs:
EMERGENCY CONTACT PHONE No. (work) (home)
PARENT/GUARDIAN SIGNATURE: Date:
<ul> <li>An additional consent is required for excursions involving water activities, overnight stays, and travel by air or private car.</li> <li>Payment may be made at the front office between 8:30 and 8:55am, at Recess or Lunch.</li> <li>For all excursions the signed consent form and the required payment (deposit or full cost) must be taken to the Front Office.</li> <li>Students who miss a paid excursion will NOT be refunded any moneys paid without the approval of the Principal.</li> </ul>
PAYMENT INFORMATION  □ I enclose cash / cheque in the amount of \$ □ I have made an online payment as detailed below: □ Please access payment from my child's scholarship funds.
DESCRIPTION REFERENCE (to be entered when making online payment)  Online Receipt Number:  Amount: \$ Date Paid:
Amount: \$ Date Paid:



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## **Excursion Itinerary**

Name of Excursion	Year 7 & 8 Well Being Excursion
Date(s) of Excursion	4 <sup>th</sup> – 6 <sup>th</sup> December
Destination	Penrith/Blue Mountains
Day (1,2 etc)	3 days & 2 nights

Wednesday	Activity and Location
2:00pm – 6:30pm	Travel from Young High School to Cables Wake Park Penrith
7:00pm-9:30pm	Dinner, Ten Pin Bowling & Laser Tag at Zone Bowling

Thursday	Activity and Location
7:00am – 4:00pm	Travel to and from Blue Mountains and participate in Rock- climbing and Abseiling activities
6:30pm	Dinner at Star Buffet Penrith

Friday	Activity and Location
10:00am – 12:00pm	Activities at Cables Wake Park
12:30pm – 5:0pm	Travel from Cables Wake Park to Young High

Anna Barker Principal

Abby Slater Excursion Coordinator

EVERY STUDENT MATTERS

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### **ADDITONAL EXCURSION INFORMATION:**

### WATER ACTIVITIES

Supervising staff with current CPR for water activities: Abby Slater
The excursion will involve the following water or swimming activities:
Wake boarding, knee boarding and activities on inflatable obstacles and runways.

These activities will take place at: Cables Wake Park in Penrith

The school will provide the following flotation devices to students who may require assistance in the water. Additional information: (special requirements, clothing, equipment)

- o Towel
- o Swimmers
- o Sunscreen
- o Hat

### **OVERNIGHT STAY**

Overnight Supervising Staff: Abby Slater Other personnel: Staff at Cables Wake Park

Accommodation will be at Cables Wake Park in Penrith

Additional information: (special requirements, clothing, equipment)

o Bath Towel, Toiletries and PJ's

- o Comfortable walking shoes and clothing for Rock-climbing and Abseiling
- o 2 x sets of clothes for dinner on Wednesday and Thursday

Travel Clothes for Friday

(Signature - Deputy Principal / Principal):

Angela H Tundo

Please keep this page for your own reference.

Please return the next page with payment to the front office.



Cables & Aq	ua Park Discialme	er Form- inaiviauai
Full Name:		
Address:		
Suburb:	Post Code:	State:
Mobile Number:		
Date Of Birth:		
Email:		
Emergency Contact No	ıme:	Phone No:
follow the rules of Cable Wate absolved from all liability arising wakeboarding (and in particula which may result in death or injuring Park Penrith that I am exposed to	r Skiing and Aqua Fun activities. g from injury or damage caused ar Competitions), are inherently o	

Other participants may act dangerously or with lack of skill;

- Conditions may be hazardous and may vary without warning or predictability;
- My property may be damaged, lost or destroyed.
- Must be at least 6 years of age or older for Aqua Fun activities, Kids Club and private lessons.
- Must be 10 years of age Cables Water Skiing, Wakeboarding and Knee boarding.

### Kicker & Slider Acceptance of Risk and Responsibility:

(For participants under 18 years)

Lunderstand and acknowledge that participating in any slider and kicker activities can bear certain anticipaled and unanticipated risks, which could result in INJURY, DEATH, ILLNESS or DISEASE, PHYSICAL and MENTAL DAMAGE to myself, to my property or to other parties or their property.

I voluntarily agree, covenant and promise to accept and assume all responsibilities and risk for injury, death, illness or disease to myself or to my property or other parties and their property arising from my participation in any slider and kicker activities. My participation is purely voluntary.

Cable Skiing and inflatable water park are all physical activities, which can be extremely strenuous on the body. Customers with pre-existing injuries such as back, shoulder, heart problems, etc. should refrain from these

I have voluntarily read and understood this warning and accept and assume the inherent risks in Cable Water Skiina and Aaua Fun activities.

*(It participant is under 18, then a pare	ent or guardian must Sign the following)
Participants Signature	Date

# **Blue Mountains Adventure Company Pty Ltd**

### **Medical Form**

The purpose of this form is to allow us to adequately prepare for your participation in a tour with Blue Mountains

Adventure Company Pty Ltd. This information is strictly confidential. Participants under 18 years of age must have their parents or legal guardians sign this form.

Participants Name						
Email						(8.06)
Telephone(s)						
Address						
D.O.B						
Emergency contact: Name		Relationship _		P	hone	
How do you rate your f Can you swim unassis Do you participate in re Do you wear glasses/c Do you have dentures	ted for mo egular exe ontacts?	re than 50 metres? rcise or sport?	0		□ Good	□ Very Good
Have you ever or do you Asthma Diabetes Epilepsy Mental illness Hearing loss Vision impairment High Blood Pressure Heart/lung condition Behavioural disorders Allergies	- Y - N - Y - N - Y - N - Y - N - Y - N - Y - N - Y - N - Y - N - Y - N - Y - N - Y - N	y suffer from: (ple If Yes, do you carry y  If yes, please specify	our medica			
Recent Injury	o Y o N	If yes, please specify	<i>y</i>			
Operation	$\Box$ $Y$ $\Box$ $N$	If yes, please specif	y			
Are there any other med	dical conditi	ions we should be aw	are of whic	h may affe	ct your par	ticipation in or safety
during this activity?	□Y□N	If yes, please specify				
Detail any specific dieta Are you currently taking	•					
IMPORTANT NOTICE Outdoor activities, by their n remoteness from normal me						
Signed				Dat	e	
(Parent/Legal Guardian mus						
Parent/Legal Guardian	name:					

## **Blue Mountains Adventure Company Pty Ltd**



Participant Agreement: I (first name, last name)
agree to (or for my son/daughter/ward to) participate in (please circle all that apply)
Abseiling / Climbing / Canyoning / Hiking / Mountain Biking / (Other :)
as performed by Blue Mountains Adventure Company Pty Ltd. This tour involves numerous
outdoor activities that may include climbing, abseiling, canyoning, bushwalking, camping,
mountain biking, four wheel driving and other activities.

- Abseiling (or Rappelling) is the activity of descending down a rope, usually in a cliff environment.
- Bushwalking is the activity of walking in the natural environment that may include walks for pleasure, challenge, experience and/or educational outcomes.
- Canyoning is the exploration of very narrow gorges usually associated with creeks and rivers. It may also include abseiling, swimming, bushwalking and rockclimbing activities.
- Rockclimbing is the ascent of cliff faces using ropes as a safety backup.
- Mountain Biking consists of riding bicycles off road, often over rough terrain.

I (or for my son/ daughter /ward) agree and understand that:

- Outdoor activities possess inherent risks.
- Certain additional risks and dangers may be encountered including; remoteness from normal medical services, physical exertion in rugged environments and extremes in weather.
- The activity will be fully supervised by qualified staff.
- I attend the activity entirely at my own risk, and must exercise due care to ensure my personal safety and that of others.
- I have no known medical or physical condition that may be exacerbated by my participation in the activity. If so, I have disclosed it.
- I will conduct myself in a safe and responsible manner for the duration of the activity.
- I must follow any direction or advice affecting my safety given to me by Blue Mountains Adventure Company Pty Ltd staff.
- I will be liable for any costs associated with repair or replacement of any equipment provided for my use in the course of the activity described above.
- I may be photographed and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Blue Mountains Adventure Company Pty Ltd.

I hereby accept all risks associated with the activity for myself and my heirs, executors and assignees and release and indemnify Blue Mountains Adventure Company Pty Ltd and its representatives and agents from all claims, actions, suits, and demands from loss, injury or death, property damage, loss of services, or punitive damages arising from my (or my dependents) participation in this activity.

Signature	Date(s)*
	* Please include the range of dates here if you are participating in a multiday activity.
Note: A parent (or	legal guardian) must sign if the participant is under 18 years of age.
	do not wish to receive any information about other Adventure Tours with
	Blue Mountains Adventure Company Pty Ltd

Please turn over and complete both sides!