8 April 2016

Dear Parents/Caregivers

An integral component of the College’s ‘Fine Young Men’ Programme will be the opportunity for all Year 9 students to participate in an activity day with an emphasis on teamwork and respect.

The activity day will be an exciting and challenging initiative which will take place on Monday 2 May. All students will participate in a number of challenge based activities including Abseiling, BMX AND Laser Tag.

These activities will allow the boys to work together as a team and also meet personal challenges in an informal but supervised environment. A major focus will be asking boys to work outside their immediate friendship groups.

All activities will be overseen by experienced and qualified facilitators and supervised by St Gregory’s College staff.

Throughout the Programme students will face a range of challenges and set a number of goals, including teamwork, respect for the environment, co-operation and organisation.

Details

Date: Monday 2 May 2016
Location: Wedderburn Christian Campsite, Minerva Rd, Wedderburn
Contact Number: 4634 1265
Cost: Covered by levy

We will be leaving the College at 7.15 am sharp on Monday 2 May and returning by 4.30pm. Please ensure that your son is at school by 7.00am on this day.
Requirements

Morning tea and Lunch

Water bottle

Dress:

Suitable casual clothes

Joggers or footwear appropriate for outdoor activities

Spray Jacket or wet weather gear

DO NOT BRING

iPods or equivalent

Jewellery

Cameras

Or any other inappropriate materials

Please note that any student bringing a mobile phone must follow school regulations and phones must be turned off during normal school hours. Also, the College can take no responsibility for the safety or security of any mobile phone.

It is necessary for you to complete the attached Permission Slips and Medical form. Please return these forms to your son’s Homeroom teacher no later than Tuesday 26 April, 2016.

Further details regarding the reflection day at the College will be provided to the boys in the near future.

Thank you for your support in this major venture. With the co-operation and involvement of all concerned I am sure the ‘Fine Young Men’ initiative will prove a fruitful and worthwhile experience.

Yours sincerely

Mr Peter Hogan
Year 9 Coordinator
Dear Parent / Carer,

Information regarding an excursion activity which has been organised for your son appears below. Please read the following information, complete the permission slip and medical information form and return to the organising teacher. Students will not be able to attend the event unless a signed permission form is returned by the due date. Please contact the organising teacher for information or questions regarding this event.

<table>
<thead>
<tr>
<th>Excursion name or activity:</th>
<th>Year 9 Activity Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>2 May 2016</td>
</tr>
<tr>
<td>Educational objective(s):</td>
<td>Personal challenge, teamwork, respect</td>
</tr>
<tr>
<td>Venue details:</td>
<td>Wedderburn Christian Campsite, Minerva Rd, Wedderburn 46341265</td>
</tr>
<tr>
<td>Travel arrangements:</td>
<td>Transport Method: Bus</td>
</tr>
<tr>
<td></td>
<td>Depart From: St Gregory's</td>
</tr>
<tr>
<td></td>
<td>Return To: St Gregory's</td>
</tr>
<tr>
<td>Permission slip due date:</td>
<td>Tuesday 26 April 2016</td>
</tr>
<tr>
<td>Subject Coordinator or Year Coordinator:</td>
<td>Peter Hogan</td>
</tr>
<tr>
<td>Uniform details:</td>
<td>Suitable casual clothes</td>
</tr>
<tr>
<td>Meal arrangements:</td>
<td>Students provide own morning tea and lunch</td>
</tr>
<tr>
<td>Equipment needed:</td>
<td>N/A</td>
</tr>
<tr>
<td>Other information:</td>
<td></td>
</tr>
</tbody>
</table>

Organising Teacher: Peter Hogan

Position: Yr 9 Coordinator
I, ___________________________ (name of parent or guardian), give my:

1. permission for my child named above to attend the excursion described above, which I understand has been approved by the College Headmaster,

2. consent for my child to travel on or in any form of public or private transport where such transport is deemed by the College to be necessary or desirable for the safe conduct of the excursion,

3. consent for my child to participate in all activities, outings, trips and functions arranged as part of this excursion,

4. consent for the College, by its servants or agents:
   • to seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and
   • if, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment provided that reasonable efforts are made to inform me of any serious injury or illness,

5. certification that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the College while attending or participating in the excursion,

6. certification that I understand that the College will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child, and

7. certification that if my child should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my child and any adult supervisor that may be required to ensure the safety of my child during that transport.
Student’s date of birth
Medicare no.
Private health fund
Ambulance cover
☐ Yes ☐ No

Is your child in good health?
Yes ☐ No ☐

Does your child suffer any chronic illness or disability which may affect his participation in this excursion?
Details

Yes ☐ No ☐

Does your child suffer any allergy?
Details

Yes ☐ No ☐

Has your child suffered any acute illness in the past four months?
Details

Yes ☐ No ☐

Has your child been treated by a doctor in the past four weeks for illness that would prevent him participating in this excursion?
Yes ☐ No ☐

(If ‘Yes’ please attach a medical certificate outlining treatment and statement of your child’s fitness to attend this excursion)

Has your child had any major surgery which may affect his participation in this excursion?
Yes ☐ No ☐

Details

Does your child need to take any form of medication during the excursion?
Yes ☐ No ☐

Medication Dosage Frequency Medical purpose


This medication is to be kept on the excursion by:

☐ my child
Does your child have any special dietary requirements?  

☐ Yes ☐ No

Details


Is there any other information you would like to give which, in your view, may affect your child’s participation in this excursion.  


Contact details in case of accident or illness:

Name

Relationship to student

Phone (home)  

Phone (mobile)

Phone (work)

Name

Relationship to student

Phone (home)  

Phone (mobile)

Phone (work)

I understand that the information I provide on this form will be handled in accordance with the College Privacy Policy and the Privacy Act 1998. I give permission for my son to participate in this event.

Parent/Caregiver
Signature  Date

Student
Signature  Date  Date