



**NORWOOD
MORIALTA**
HIGH SCHOOL

MIDDLE CAMPUS

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SENIOR CAMPUS

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**ENRICHING
HUMANITY**

11 August 2017

Dear Parents / Caregivers and Rowers

Spring Rowing Camp 2017

**Date: 8.30am Wednesday 13 September 2017 until
3.00pm Friday 15 September 2017**

Location: Ankara Youth Camp, Walker Flat

Our annual Spring Rowing Camp is coming up and while it is not a compulsory requirement of rowing for Norwood Morialta High School Rowing Club, it is highly recommended and beneficial for rowers to gain concentrated on-water coaching and land training prior to the commencement of the rowing season.

The cost for the Camp is **\$150** which includes bus transport to and from Walker Flat, accommodation and catering (except lunch on Wednesday). The cost is subsidised by the School to make it as affordable as possible.

An invoice will be mailed separately and payment is required by **Friday 25 August**, except for students in the Year 8 and 9 Specialist Rowing Program as this cost is incorporated in the subject fee. If payment is a concern, please contact our Finance Office to arrange payment by instalments. Only those students who have paid by this date, or made special payment arrangements, will be able to attend.

Please find the Consent for Excursion and Dietary Requirements & Parental Assistance forms attached. These forms need to be returned either in person to the Middle Campus Student Services or via email to dl.0787.rowing@schools.sa.edu.au by **Tuesday 22 August**.

To ensure the success of this camp, we are seeking the assistance of parents to transport boats and other equipment to the camp site, as well as driving dinghies during the camp.

Further information will be provided closer to the camp, including any items rowers are required to bring etc. Should you have any queries or are able to provide any assistance then please contact Kris Vanderloo on 0402 149 425 or dl.0787.rowing@schools.sa.edu.au.

Yours sincerely

Kris Vanderloo
Rowing Manager

Jacqui van Ruiten
Principal

Attach.



CONSENT FORM FOR EXCURSION

(Both sides of this form must be completed and returned to the Middle Campus Student Services by Tue 22 Aug)

*Please use block letters when filling out this form

As a parent/caregiver of:

STUDENT'S NAME		PLG	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Spring Rowing Camp
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at/on:

LOCATION	Ankara Youth Camp, Walker Flat	DATE OF ACTIVITY	13/09/17 – 15/09/17
MODE OF TRANSPORT	Bus	DEPARTURE TIME	8.30am
		EST RETURN	3.00pm

If the excursion is not for the full day, the students will be expected to attend normal lessons for the remaining part of the school day. They will need to bring necessary materials and be in school uniform for lessons.

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the reverse of this page.

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. I understand that all school rules, especially regarding tobacco use and general behaviour, apply while on excursion.
- I agree to the transport arrangements as detailed on the reverse of this page.
- 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 have also submitted health care information, including details of any relevant medical or physical limitations he/she has. I also consent to my child's doctor being contacted in an emergency.
- I understand that all students are required to wear school uniform while representing the school.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts

Parent/Caregiver

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE		WORK TELEPHONE	ALTERNATIVE TELEPHONE

Family Doctor or Medical Clinic

NAME			
TELEPHONE			

DETAILS OF EXCURSION

If transport is by private car provided by a staff member

NAME OF OWNER			
NAME OF DRIVER			
MAKE OF CAR		REGISTRATION #	
NAMES OF ALL STUDENTS BEING TRANSPORTED IN THIS CAR			
OWNER DECLARATION	<p>I, the owner of the above vehicle, give permission for the students named above to travel in my car. I am aware that I can not accept payment from the passengers for this excursion. I declare that the car is fully registered, is covered by a comprehensive insurance policy, is in a roadworthy condition and is fitted with sufficient seat belts for all passengers. I understand that the School Governing Council, Principal and / or DECD will not be liable for any damage to the vehicle, or injury to the passengers or driver in the event of an accident. I guarantee that the driver is the holder of a current, full driver's license that is of the applicable class for this vehicle.</p> <p>OWNER: _____ DRIVER: _____ DATE: _____ (If different from owner)</p>		

COSTS TO STUDENT This is to be paid into the paystation by _____ am / pm _____ (date)

TRANSPORT & ACCOMMODATION	70	ENTRANCE FEE	
FOOD	80		
TOTAL COST	150		

ANY FURTHER EXPENSES THAT MAY REQUIRE THE STUDENT TO BRING MONEY ON THE EXCURSION.	Bring recess & lunch on Day 1 (Wednesday), or money to purchase
ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED. NB: Students are required to wear school uniform.	Further details re clothing required will be provide closer to the time

HEALTHCARE INFORMATION

*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. 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 student health care problems.

Does the student have any medical condition or other healthcare concern?		Yes	No
If yes, give details			
Are you aware of any medical / healthcare emergency that could arise?		Yes	No
Type of emergency and how to recognise it			
Avoidance precautions			
Emergency treatment			
Does the student take any prescribed medication, including inhalers?		Yes	No
If "Yes", what medication?		Does the student carry own medication?	Yes / No
Dose, when and how often taken			
Side effects?			
Do you have Ambulance Subscription?		Yes	No
If "Yes", which fund?			

Norwood Morialta High School Rowing Club



Spring Rowing Camp 2017 Dietary Requirements & Parental Assistance Form

Please return to Student Services with the Consent form by Tue 22 Aug

Student name: _____ **PLG** _____

SPECIAL DIETARY REQUIREMENTS

Does you have any specific dietary requirements/allergies? NO YES

Vegetarian/Vegan
Details _____

Lactose/Dairy Intolerant
Details _____

Gluten Free
Details _____

Food Allergies
Details _____

Other (Halal etc.)
Details _____

PARENTAL ASSISTANCE

Are you able to assist with transporting boats/equipment or driving dinghies?

NO YES

Parent name: _____

Phone: _____ Email: _____

- Equipment transport (towbar required) – *please circle day(s) you can assist*

Wednesday 13/9 Friday 15/9

- Dinghy driving (boat licence required) – *please circle day(s) you can assist*

Wednesday 13/9 Thursday 14/9 Friday 15/9