Dear Parent / Guardian,

Following are the details for this years - year _____________ camp to be held at the Bridgetown Camp School between (inclusive dates) _____________ and _____________.

Main purpose of the camp

Teacher in charge of camp

Other teachers attending camp

Parents attending camp

<table>
<thead>
<tr>
<th>No. of students</th>
<th>Boys</th>
<th>Girls</th>
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<table>
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<tr>
<th>Cost per student</th>
<th>Max spending money</th>
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<thead>
<tr>
<th>Deposit</th>
<th>Required by</th>
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<table>
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<tr>
<th>Balance</th>
<th>Required by</th>
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Method of travel

Departure time

Estimated time of return

Camp School - Emergency contact number: 9761 1691

Please note:

1. The camp is fully catered.
2. A suggested clothing list is forthcoming [ ] attached [ ]
3. A medical form is forthcoming [ ] attached [ ]
4. A programme is forthcoming [ ] attached [ ]
5. All external providers, venues and facilities being used whilst on camp have provided evidence that they comply with the Departments Excursion and Water Based Excursion Procedures and Guidelines.
Camp organisers realise the responsibility you give us when allowing your child to attend a camp and, therefore, endeavour to cover all eventualities. The organisers, like parents, place trust in the student to demonstrate sensible behaviour at all times. All camps are an extension of school and carry the same rules and restrictions. In addition the Bridgetown Camp School has a set of conditions that must be observed.

PARENT

Name

Address

Phone (home) (  ) __________________________ (alternative) (  ) __________________________

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/Guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent.

Students that are participating in a camp that consists of an overnight stay are covered by the Department of Education Camp and Excursions cover. This cover is limited and will respond to any costs above and beyond what is covered by Medicare or the Students private health insurance. The limit of liability of the cover is $20,000.

Where it is necessary, school staff will arrange medical assessment and treatment for students.

I understand that should my child fail to comply with the student contract (see below) he/she may be returned to home at my (the parents) expense.

I have read & understood the information regarding the excursion and give consent for my son/daughter __________________________ to attend camp at the Department of Education’s Bridgetown Camp School.

Signature of Parent/Guardian __________________________ Date __________________________

STUDENT

I understand and agree to abide by all camp rules and restrictions. I also agree that if I infringe any of the same, either verbal, written or traditionally understood, I may be returned to my home/school at my parents expense.

Signature of Student __________________________ Date __________________________