

## Online Form - Year 7 Great Aussie Bush Camp 2025

Activity Name:	Year 7 Great Aussie Bush Camp 2025			
Date/Time:	Wednesday 28 May 2025 9:00am - Friday 30 May 2025 3:00pm			
Description:	The Year 7 Great Aussie Bush Camp provides opportunities for students to engage in fun, challenging, diverse and relevant activities, with the purpose of developing resilience, teamwork and relationships.  Please see attached Gear Checklist, Medical Form and Dietary Form (hard			
	copies are available in the front office). These are to be returned to the office by 12th May 2025.			
	Supervising Teacher: E.Shiel			
Cost:	\$362.00			
Venue:	The Great Aussie Bush Camp (North Arm Cove, NSW 2324)			
Overnight Location:	Great Aussie Bush Camp - Tea Gardens			
Start Location:	Glendale Technology High School			
End Location:	Glendale Technology High School			
Transport:	Students will travel to and from the venue via chartered bus.			
Dress Code:	Please see packing list.			
Food:	Meals are provided from Lunch on Day 1 to Lunch on Day 3.			
Due Date:	Monday 12 May 2025			

* indicates a required fie	eld
nave read the above details and give consent for my child, to attend the Year 7 Great Aussie Bush Camp 202	<b>!</b> 5
Yes O No	
tudent Name:	

Parent/Carer Name: *						
Parent/Carer Phone Number: *						
Medical conditions/information relevant to the activity (including any medication required):						
My child can be photographed at this event on the understanding the images may be used through communication.: *	our school					
○ Yes						
○ No						
Do you authorise medical aid if it is considered necessary by the supervising teacher/s?: *  Yes						
O No						
I am aware that payment MUST be made by the next school day after permission has been provide do so will forfeit your child's place in this excursion. : *  Yes  Does your student have any medical conditions? Please outline below. :	u. ranure to					
Is your child permitted to swim: *						
O No. As a non-swimmer, I am aware that land-based activities will be provided for my child.						
<ul> <li>Yes. All students will be closely monitored during the swimming activity.</li> </ul>						
If yes, to assist with planning please tick which statement best describes your child's swimming ab	oility:					
O I don't know how well my child swims. I understand that my child's swimming ability will be grade the activity to determine which swimming or land-based activities are suitable for my child to particle.	•					
<ul> <li>A weak swimmer: My child can swim/paddle but is only comfortable in shallow water where the stand.</li> </ul>	ey can					
<ul> <li>An average swimmer: My child can swim 25 metres without stopping and is confident in deep without stand.</li> </ul>	water where					
<ul> <li>A strong swimmer: My child can comfortably swim 50 metres in deep water in one stroke without stopping.</li> </ul>	out					
Does your child have any dietary requirements / allergies?: *						
○ Yes						
○ No						

f yes, please outline below::					
Any additional comments:					
					/.
Parent/Carer Signature: *					
Please note: Once you have soutton located on this page.	ubmitted this cons	ent form, payme	nt can be made via	the 'Make Online P	'ayment'