



**Canberra High School**  
— ESTABLISHED 1938 —

## **Outdoor Pursuits Year 9 – Rock climbing and Abseiling Excursion White Rocks, NSW: Tuesday 16<sup>th</sup> June 2020**

- Departure:** 7.30am Tuesday 16<sup>th</sup> June 2020 (Arrive at school at 7.15am).
- Return:** 4:00pm (approx.) Tuesday 16<sup>th</sup> June 2020.
- Transport:** Students will travel by Hertz hire bus.
- Cost:** \$30.00
- Payment due:** Monday 15<sup>th</sup> June. Places are limited to 16 students on this excursion due to Outdoor Recreation ratios and COVID 19 restrictions. Therefore, to secure your child's place on this excursion, a full payment by the due date needs to be made and permission notes handed to the teacher.
- Cost includes:** Hire of abseiling/climbing equipment. Bus hire, insurance and fuel, and staffing.
- Not included:** Food and drinks – Students are required to provide their own water and packed lunch and snacks for the day (high energy).
- Attending staff:** Ellen Smith and assistant staff.
- First aid:** Ellen is a Teacher at Canberra High and holds a current Wilderness First Aid Australia Certificate and will following these training procedures in the case of any incident.
- Accommodation:** N/A.
- Contact details:** School mobile: 04 4717 4322.  
School satellite phone: 0145 354 487(Emergency Only)



**What to bring checklist:**

<b>Equipment</b>	<i>Tick</i>	<b>Clothing</b>	<i>Tick</i>
Sunscreen/ lip balm		Hat and Beanie	
Personal medication (eg; asthma inhaler)		Japara (rain jacket) *	
		Clothes to stay dry / clean/ warm	
Water Bottles (capacity for 2L) Food/Drinks			
		Warm, comfortable clothes for climbing and abseiling	
		Enclosed shoes for hiking to the crag.	
		Climbing shoes (if you own already) optional	

**\* Can be supplied by school but using personal gear is recommended where possible.**

**Note:** Weather during the trip should will be very cold in the morning and cool to warm during the day. Wet and cold weather is always a possibility and should be planned for. These are suggested examples above and individual needs may vary.

## PAYMENT OPTIONS

1. **Payment in person** at school Front Office-between 8:15am & 2:30pm Mon-Fri  
EFTPOS facilities are available.

2. **Direct Deposit:** Bank: Westpac  
BSB: 032777 Acc. No. 001113  
Acc. Name: Canberra High School

**FEE CODE: OP9Cave**

**EXCURSION TITLE: OP9 Abseil/climb**

3. **Canberra High School Website:** [www.canberrahs.act.edu.au](http://www.canberrahs.act.edu.au)  
(QUICKWEB)

4. **Phone Payments – Credit cards** Phone: 62057000 or 62057028

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Please debit my  Mastercard  Visa

Card Number:     -     -     -

Card Expiry Date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_ Student Name: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Contact Phone number of Cardholder: \_\_\_\_\_

As this is an optional enrichment activity, payment will be required to cover the costs. The school has made every effort to keep costs for this activity at a reasonable level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution. If however there is insufficient total funding available to meet the cost of the camp/excursion, regrettably we may not be able to proceed.

Refund Policy: If a student and/or parent has made a financial commitment to an excursion and if the student is unable to attend for any reason (except in the case of sudden illness), the student and/or parent is entitled to a refund of money paid minus any non-refundable financial outlay that the school has made on behalf of that student. The school will endeavour to find a replacement for that student, in which case, all money will be refunded. The usual appeal provisions apply.



Education and Training

OUTDOOR ADVENTURE ACTIVITY  
Permission note

Permission Note to Be Signed by Parents

I give permission for my child .....  
to attend Outdoor Education Year 9 **Rock climbing and abseiling camp at White Rocks**  
from **Tuesday 16<sup>th</sup> June, 2020.**

*The ACT Department of Education and Training is an agency of the ACT Government (the Territory). The Territory has insurance arrangements in place in order to meet certain liabilities. The Territory meets claims (including claims resulting from school activities or excursions) against it where there is a legal liability to do so. Liability is not automatic and depends on the circumstances in which the injury or illness was sustained. Parents should obtain their own advice about private insurance protection that may assist in meeting expenses if their child is injured or suffers an illness in circumstances where there is no liability on the part of the Territory.*

*If the outside provider of the service or activity has requested that you sign a waiver or disclaimer statement, the ACT Department of Education and Training recommends that you consider carefully any risks involved before proceeding.*

- I authorise the teacher-in-charge to make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency
- I agree to meet the costs associated with any emergency arrangement made by the teacher-in charge (free ambulance transportation applies only in the ACT)
- I agree that the student will be under the authority of the school for the duration of the activity, and that the teacher-in-charge is authorised to return the student home at the expense of the parent/guardian if the teacher-in-charge considers that circumstances warrant such action
- Please complete the attached medical form which will include information about current medical requirements and/or other needs of the child relevant to the activity
- The Excursion Medical Information and Consent Form must be completed and returned to the school prior to the excursion.

(Where relevant) I agree to my child travelling by private car, driven by a staff member or leader as the case may be.

**(Where relevant) I understand that video and photographic material may be taken of my child on the excursion for assessment, display, moderation and publicity purposes and give permission for this to occur.**

Full name of parent/guardian (please print):

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\*\*\*\*\*Signature of parent/guardian:..... Date:.....

**\*\*\* Please inform me of any changes to your child’s medical information form that has occurred since the original medical form was submitted \*\*\***

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