

3rd February 2012



Dear Parents

Welcome to 2012! I hope you had a wonderful Christmas and found some time to enjoy the few summer days that we had.

On the **Friday the 17th of February** we will be spending the day at Waimarino Adventure Park. As most of you would be aware **Waimarino Adventure Park** is located on the banks of the Wairoa River, Bethlehem Tauranga. They provide a trained instructor to facilitate our full day programme. Students will have the opportunity to enjoy a wide range of activities and get to experience the latest addition to park - the Blob! The activities encourage students to develop life skills, trust, cooperation, confidence and water safety.

To enable us to attend we need a minimum of 5 parents that are willing to actively supervise by getting into the kayaks and joining us on the water. We will also require transport to and from the park.

The cost of the programme is \$25 per student (adult helpers - free). We will leave school at 9am and return by 2.50pm (**Bus students WILL be back in time to catch the bus**).

You will need:

- Togs and towel
- **Sunhat**
- Sunscreen
- Packed lunch - including plenty of water to drink and morning tea.
- Wetsuit (if you have one)
- Jersey or some warm clothing
- Suitable footwear (jandals are ok)

Students are **not** to bring any money, cellphones, ipods or the like.

Please return the attached form along with payment of the \$25 ASAP. I hope that you are able to join us and look forward to spending a fun day out with the kids!

Kind regards

Sonjae Henderson

Student Name:	
Emergency Contact Name:	Phone:
<p>I give permission for my son / daughter to participate in the day programme at Waimarino Adventure Park.– 17th February 2012.</p> <p>I have included payment of \$25.</p> <p>I can/cannot assist with transport. (If you can, please complete Transport Form below)</p> <p>I can/cannot assist with active supervision (includes kayaking) for the day.</p>	
Swimming	(Please circle)
My child is able to swim	Yes No
My child is a confident swimmer	Yes No
My child is able to swim 50 metres	Yes No Not sure
Medical Information	
Is your child presently taking any medication	Yes No
PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST ON THE TRIP, WITH THE EXCEPTION OF THOSE USING INHALERS FOR ASTHMA ON A SELF MONITORING BASIS	If yes please provide details
Signed: (parent/caregiver)	Date:

Transport Safety Form	
I confirm that I hold an appropriate current drivers licence for the vehicle I will be driving.	Yes/No
My licence is a Full Drivers Licence	Yes/No
I confirm that the vehicle I will be driving is registered and has a current Warrant of Fitness	Yes/No
I confirm that I will not smoke in the vehicle or text/talk on a cellphone while transporting students	Yes/No
Each passenger in the vehicle will use a seat belt	Yes/No
Belted seating capacity of the vehicle (number excluding driver):	
Signed by the person driving the car:	Date:
Print Full Name:	

