



Ambarvale High School

Thomas Rose Drive Rosemeadow NSW 2560
PO Box 90 Campbelltown NSW 2560
Phone: (02) 4627 1800 Fax: (02) 4628 5289
Email: ambarvale-h.school@det.nsw.edu.au

Principal: Ms L Barnott-Clement, M.A., M.Ed., B.A., Dip.Ed.
Deputy Principal: Ms S Arts, M.Ed., B.Sci., Dip.Ed.
Deputy Principal: Ms E Fitzgerald, B. Health Science, Dip.Ed.

Educational Incursion Information and Consent Passion Project Day – Mobile Rock Climbing

Dear Parent

Your child has expressed interest in participating in **Mobile Rock Climbing** during Passion Project Day.

Date: Thursday, 5th December 2019 (Year 7-8)
Thursday, 12th December 2019 (Year 9-10)

Venue: Ambarvale High School (back oval)

Time: Period 3 -5

Cost: \$5.00 payable online via the school website (www.ambarvale.h-school@det.nsw.edu.au) or to the front office by Friday, 29 November 2019.

Students are expected to wear their PE uniform to school to actively participate in rock climbing. Trained staff from Base Zero Mobile Rock Climbing Wall will facilitate the physical activity and staff will also be present to actively supervise and monitor student safety.

If you have any safety concerns regarding rock climbing, please feel free to contact Mrs Fitzgerald or Mr Qu on 4627 1800 during school hours.

Yours faithfully

Ms S Arts
Reliving Principal
19 November 2019

Ms E Fitzgerald
Deputy Principal

Please complete the permission note and return to Mr Qu by Friday, 29 November 2019.



Educational Incursion Information and Consent
Passion Project Day – Mobile Rock Climbing

I give permission for my child _____ of roll class _____ to participate in the Passion Project activity of **Mobile Rock Climbing** on the date detailed above. I appreciate the efforts made by the school to minimise the possibility of injury and understand that there will remain some degree of risk inherent in physical activity participation in rock climbing. I also understand that my child will need to strictly adhere to safety instruction and expectations on the day provided by the trainers and teaching staff.

MEDICAL INFORMATION:

Medical conditions _____

Allergies _____

Medication _____

Other _____

Medicare Number (optional) _____

Parent/Emergency Contacts:

	Name	Contact Number	Relationship to Student
1.	_____	_____	_____
2.	_____	_____	_____

Parent Signature: _____ **Date:** _____

Please return permission note to Mr Qu by Friday, 29 November 2019