



# St. Bernard's

Catholic Primary School, East Coburg

## YEAR 5/6 2024 CAMP ACTIVITIES PERMISSION FORM

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please tick the appropriate box for each activity:

I consent to my child participating in the **Twin Flying Fox** at the **Phillip Island Adventure Resort**. Yes  No

I consent to my child participating in the **Canoeing** at the **Phillip Island Adventure Resort**. Yes  No

I consent to my child participating in the **Archery** at the **Phillip Island Adventure Resort**. Yes  No

I consent to my child participating in the **Giant Swing** at the **Phillip Island Adventure Resort**. Yes  No

I consent to my child participating in **Low Ropes & Boulder Wall** at the **Phillip Island Adventure Resort**. Yes  No

I consent to my child participating in the **Initiative Course** at the **Phillip Island Adventure Resort**. Yes  No

I consent to my child participating in an **alternative activity (if weather or staffing issues occur)** at the **Phillip Island Adventure Resort**. Yes  No

I consent to my child watching a PG (Parental Guidance Recommended) rated movie at the **Phillip Island Adventure Resort**. Yes  No

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_