



CAMP INFORMATION/ CONSENT FORM

Assalamalaikum

Dear Parents/Guardians,

Al Siraat will be delivering camps for students in Secondary for years 7 to 10. This is a compulsory program and therefore no other programs will be delivered at school for those who do not attend. The Camps will be delivered at the very beginning of the 2017 school year. The Secondary Boys and Girls Camps have been booked and planned commencing with the Boys Camp on **Monday 6th - Wednesday the 8th of February**, followed by the Girls Camp on **Monday the 13th – Wednesday the 15th February**.

While on camp in 2017, we aim to:

- Continue to develop students' Islamic identity
- Further develop student understanding and implementation of school values
- Develop trusting relationships between teachers and students while modelling positive behaviours
- Develop teamwork and leadership skills
- Empower students through personal achievement
- Help improve student self esteem
- Develop communication skills
- Improve organisational skills
- Increase motivation for learning

Camp Dates and Venues:

Secondary Boys Camp Yr 7 – 10 at "ADANAC" in Yarra Junction - Monday 6th – Wednesday 8th of Feb

Secondary Girls Camp Yr 7 – 10 at "ADANAC" in Yarra Junction - Monday 13th – Wednesday 15th of Feb

If you have further queries, please contact me on 9408 1999 or via email at sbektash@alsiraat.vic.edu.au . We look forward to your co-operation.

Jazakum allahu khairan,

Sevdet Bektash
Camp Coordinator / Head of Health and PE

Camp consent form must be submitted before the end of term 4

Please indicate which camp your child/children will be attending

Secondary Boys Camp Yr 7 – 10 at "ADANAC" in Yarra Junction - Monday 6th – Wednesday 8th of Feb

Secondary Girls Camp Yr 7 – 10 at "ADANAC" in Yarra Junction - Monday 13th – Wednesday 15th of Feb

I give permission for my child/children, (*insert name/s here*) _____ to attend the above indicated camp/s. I fully understand the nature of the camps and consent to allowing my child to participate in all activities facilitated as part of the camp and will indicate in writing on the medical form of any concerns I have in relation to the camp.

I authorize the teacher in charge to consent, where it is impractical to communicate with me, to the child receiving such medical treatment as may deemed necessary.

Signature of parent/guardian: _____

Emergency Contact Details: _____

Date: _____
