



TOPA TEAM CAMP 2022

EOTC event: Year 5 and 6 Camp

Date: Wednesday 7th to Friday 9th September 2022

Venue: Totara Springs - 288c Taihoa North Road Matamata

Transport: Bus

Possible Activities:

<ul style="list-style-type: none"> <li>● Go Karts</li> <li>● Mini Golf</li> <li>● Team Rescue</li> <li>● Frisbee Golf</li> <li>● Human Foosball</li> <li>● Tower Abseil</li> <li>● Axe Throwing</li> <li>● Orienteering</li> <li>● Adventure Run</li> <li>● Camp Fire</li> <li>● Damper Making</li> <li>● Jumping Pillow</li> </ul>	<ul style="list-style-type: none"> <li>● Raft Building</li> <li>● Kayaking</li> <li>● Crate Climb</li> <li>● Archery</li> <li>● Rock Wall</li> <li>● Low Ropes</li> <li>● Hydroslide</li> <li>● Giant Slide</li> <li>● Sports</li> <li>● Burma Trail</li> <li>● Hot Pool</li> <li>● Archery Tag</li> </ul>
---	--

Further information about any of these activities are all available on the Totara Springs Website <https://www.totarasprings.org.nz/page/activities/>

Parental Consent

- I agree with my child taking part in the EOTC event and have received sufficient information on which to base a decision.
- I agree with their participation in the activities described. I acknowledge the need for them to behave responsibly.
- I have updated (where necessary) my child’s health information held by the school.

Acknowledgement of Risk

- I have read the EOTC event information and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.
- I understand that the school will identify any reasonable foreseeable risks and hazards, and implement correct management procedures to eliminate or minimise these.
- I understand my child has been involved in the development of safety procedures and I will do my best to ensure that my child follows these procedures.





# Te Awamutu Primary School



## Parental Consent

- I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved.
- I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice' procedure. My child and I both understand that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that the school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Child's Name: .....

Room: .....

Parent/Caregiver's Name: .....

Signature: .....

Date: .....

