



**The Arts Unit
Department of Education and Training**

2009 Boys State Dance Camp 2

GENERAL INFORMATION

DATES Monday May 18, 2009 – Tuesday 19th May 2009 inclusive

VENUE Sydney Dance Company Studios
Pier 4, Hickson Road
Walsh Bay

SCHEDULE

8.45am Arrival
9.00am Welcome & Warm Up
9.15am Workshop 1
11:15 Workshop 2
1.30pm Workshop 3
3:00pm Finish

CONTACT NUMBERS Sonia Ashford ph 4224 9247 mob:0423 261 549
Sue Rix ph:8512 1179 mob:0434 567 414

WHAT TO BRING/WEAR Wear comfortable dance clothing.
No specific dance shoes are required.
Please make sure your name is clearly marked on belongings and leave unnecessary valuables at home.
Please bring lots of water and plenty to eat for the breaks between sessions. **Do not bring food containing nuts.**

Please return completed forms to

Sonia Ashford
PO Box 163
Keiraville
NSW 2500
by 24 April 2009



2009 Boys State Dance Camp 2

CONSENT FORM

STUDENT NAME: _____

SCHOOL: _____

PARENTAL CONSENT (Please sign below)

I agree to my child _____ attending the Boys State Dance Camp 2 at Sydney Dance Company Studios on Monday May 18 – Tuesday 19 May inclusive, 2009 and to his participation in the activities arranged during the day.

I agree to indemnify the NSW Department of Education and Training and its officers against any claim arising as a result of accident, sickness or otherwise, except in which negligence is proved.

In the event that my child behaves in an unacceptable manner or fails to conform to Dance Day rules I am aware that I will be notified and that he will be sent home at my expense.

I give permission for my child to travel to and from the Sydney Dance Company Studios accompanied by an adult.

I understand that should my child withdraw from the camp one week before its commencement, 50% of the camp fee is payable.

I have attached the medical form provided and verify that travel details have been organised as indicated.

Signed (Parent/Guardian): _____ **Date:** _____

DUE April 24, 2009



FACSIMILE MESSAGE

DATE: _____

TO: **Sonia Ashford**

FROM: _____

FAX: **(02) 4224 9247**

PAGES: _____
(Including this cover sheet)

RE: **ACCEPTANCE FORM – 2009 BOYS STATE DANCE CAMP 2**

I am able to participate in the 2009 Boys State Dance Camp 2.

Name: _____
(First name) (Surname)

School: _____ Date: _____

Signature: _____

DUE April 24, 2009
Fax: 4224 9247



2009 Boys State Dance Camp 2

STUDENT NAME: _____

SCHOOL: _____

TRAVEL INFORMATION

It is the responsibility of all parents and students to organise travel to and from the Sydney Dance Company Studios. Please give accurate travel arrangement details to ensure safe arrival and departure.

TO Sydney Dance Studios:

- I will be traveling by the type of transport listed below (please give details):

FROM Sydney Dance Studios:

The camp will finish each day at 3pm and will be dismissed from the Sydney Dance Company Studios

- I will be traveling by the type of transport listed below (please give details):

Signed(Parent/Guardian): _____ Date: _____

PUBLICITY CONSENT

I give permission for the inclusion of my child in publicity organised for the Department of Education and Training Performing Arts programs. I have no objection to my child being interviewed, photographed or filmed by the Department or by media organised, and supervised by the Department of Education and Training.

Signed(Parent/Guardian): _____ Date: _____

TSHIRT SIZE

As part of the camp, each student will receive a complimentary T-Shirt. Please complete the following:

My T-Shirt size is (please circle one): 10 12 14 16 18 20

DUE April 24, 2009 Fax: 4224 9247

2009 Boys State Dance Camp 2

NSW DEPARTMENT OF EDUCATION AND TRAINING
THE ARTS UNIT

MEDICAL INFORMATION FORM

Student Name: _____ School Year _____

Parent Name: _____

The information provided below gives relevant medical and other health-care information about the above student, who is currently enrolled to participate in rehearsals and performances for The Arts Unit.

It will be used by officers of the Department of Education and Training to assist planning, to support students, and to minimise risks when conducting rehearsals, performances or other activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with The Arts Unit or are otherwise involved in the planning or delivery of the rehearsals, performances or other activities; and persons who may be called upon to provide health care treatment or other assistance during or as a consequence of such rehearsals, performances or activities.

Provision of this information is not required by law, but, a failure to provide the information may mean that your child cannot participate in all activities.

Provision of this information will significantly assist The Arts Unit in planning a safer environment for rehearsals and performances. It will be stored securely and used in the fulfilment of our appropriate duty of care for your child. If you have any concerns about providing this information, please contact the Coordinator to discuss this further. We respect the fact that some information may be personally sensitive for the individual child.

Please correct or update any personal information provided as appropriate by contacting Samantha Gilberthorpe on (02) 8512 1176

Medicare number: _____

Private Health Care number: _____

Parent / Guardian contact details

Name: _____

Address: _____

Telephone: _____

Work: _____

Mobile: _____

Doctor contact details

Name: _____

Address: _____

Telephone: _____

Emergency contact(s) details (nominated by the parent/guardian as alternate contact)

1) Name: _____
 Address: _____
 Telephone: _____

2) Name: _____
 Address: _____
 Telephone: _____

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each. Attach additional sheets if required.

Condition	Current Treatment

Outline special dietary needs:

Possible reaction to inappropriate diet:

Parents of children who suffer from allergies which lead to anaphylactic shock are required to remain on site during the workshops.

Medication(s) to be administered during these activities. Include name of medication, instructions for administration, time of administration, and any possible reactions

Medication Name	Form (tablet etc)	Dosage, time, methods	Possible Reactions

Has your child attended a doctor for treatment of any serious illness recently? YES / NO
If YES please give details:

Date of last tetanus injection: _____ or within last 2 years _____ 5 years _____

Signature: _____ Date: ____/____/____

DUE April 24, 2009
Fax: 4224 9247

Event Number:



NSW Department of Education and Training
ABN 40 300 173 822

2009 Boys State Dance Camp 2

PAYMENT FORM

TAX INVOICE

Name: _____
(First Name) (Surname)

Address: _____

School: _____

Parent's Signature: _____ Date: _____

PAYMENT

Please find enclosed payment for Boys State Dance Camp 2 TOTAL \$125 (GST inclusive)

- **Please make your cheque payable to**
NSW Department of Education and Training
- **If paying by credit card, please complete these details.**

Please charge \$ _____ to the following: _____ Visa _____ Mastercard
_____/_____/_____/_____ **Expiry Date:** ____/____

Card Holders Name: _____ **Cardholders signature:** _____

Return this form complete with payment to
NSW Department of Education and Training
Sonia Ashford
DET
PO Box 163
Keiraville NSW 2500

DUE April 24, 2009
Fax: 4224 9247

Accommodation Possibilities

Please note that we do not endorse any of the places listed on these websites. It is designed to assist teachers and students with some possibilities should they be planning accommodation in the city. This is by no means a comprehensive list.

For cheap accommodation with availabilities, prices and online bookings visit www.hostelworld.com

Or try www.tourism.nsw.gov.au/home or www.visitnsw.com.au for a more comprehensive listing of accommodation.

Directions to Sydney Dance Company Studios

By Foot

From Circular Quay or Wynyard Station, walk up George Street through The Rocks until you get to a T-intersection. Turn left into Lower Fort street, cross the street, and just past the pedestrian crossing, you'll see a pathway [opposite the Harbourview Hotel]. Go down the path and you'll see The Wharf in front of you. Go down the stairs, turn right, and wind your way onto Hickson Road and walk to The Wharf. The walk from Circular Quay takes approx. 10–15 minutes.

By Bus

The 430, 431 and 433 services run from QVB/Town Hall to Walsh Bay via Wynyard and Circular Quay. Buses run every 20 minutes between 7am and 11pm weekdays (weekend schedule slightly reduced), and stops outside The Wharf.

By Car

There is meter parking on Hickson Road at the front of The Wharf. From George St, turn right into Hickson Road [last right hand turn before the end of George St] and follow the road round, under the bridge.

To find train times and how far it is to walk places etc go to www.131500.com.au

For more specific maps and exact directions go to www.whereis.com.au