

What:

Study camp is a camp for HSC student to study in a distraction free environment , with their peers. There will be 25 hours of study programmed into the schedule along with activities and down time.

There will be adult supervision through out the 5 day, with a focus on disciplined study times and social activities. All meals, accommo dation and activities are included in the price.

When: 3rd - 7th Oct

Where: Merroo Christian
conversion centre,
182 mills rd, Kurrajong

How Much: Early bird \$230 (by sep15)
Late bird \$260

Contact: Paul Simpson 0411 655 996
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Normanhurst 2076

PHY 231C FORMULAS

Quadratic Formula

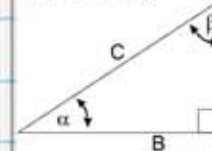
SNACK

Geometry

Circle: circumference = $2\pi R$

Sphere: area = $4\pi R^2$, volume = $\frac{4}{3}\pi R^3$

Trigonometry



$$\sin \alpha = \frac{a}{c}$$

STUDY

Polar Coord

$$x = r \cos \theta$$
$$y = r \sin \theta$$
$$r = \sqrt{x^2 + y^2}$$

SI Units and Constants

quantity	unit
Mass m	kilogram
Distance x	metre
Time t	second
Force F	newton
Energy E	joule
Power P	watt
Temperature T	kelvin
Pressure P	pascal

$g = 9.8 \text{ m/s}^2$, $G = 6.67 \times 10^{-11} \text{ N m}^2/\text{kg}^2$
 $R = 8.31 \text{ J}/(\text{mol}^\circ\text{K})$
 $k_B = R/N_A = 1.38 \times 10^{-23} \text{ J/K}$
 $\sigma = 5.67 \times 10^{-8} \text{ W/m}^2\text{K}^4$
1-d motion, c

CAMP

2011

OCT 3rd - 7th

SIX WEEKS IN Shakespeare

What an average day would consist of:

8:00- 9:00	Breakfast
9:00 – 11:00	Study session
11:00-11:30	Morning tea
11:30 – 1:30	Study session
1:30 – 3:00	Lunch
3:00-5:00	Study session
5:00 – 6:30	Free time
6:30 – 7:30	Dinner
7:30 – 8:00	Worship time
8:00- 10:00	Night activity

Indemnity

I hereby give consent for my daughter/son/self to participate in The Snak Study Camp. I hold harmless, release and discharge the organisers, leaders and helpers of The Snak Study Camp from responsibility or accident, illness or damage of property arising out of, or in connection with, my child/my participation going to, from and during The Snak Study Camp. I give permission for the organisers to seek qualified medical treatment for my child/my self if it is required and I accept the responsibility for payment of any expenses associated with that treatment. I agree to participate as I am able in the program offered and accept the leadership of the Team putting The Snak Study Camp together and running it's activities. I indemnify the Uniting Church in Australia & its servants & agents to the extent permitted by law against all liability, damage/s or loss/es that may be incurred by each and any of them. I require the contents of this document to be binding upon my family, heirs and assigns.

I understand that photos and video footage of me/my child maybe taken during The Snak Study Camp and may be used in promotions and reports.

- Contact details supplied will be retained by The Snak Study Camp (SNaK) for the purpose of informing your child/you of other events that may of interest to your child/you. This list will not be made available to any other organisation.
-

Signed _____ Date _____
Participant

Signed _____ Date _____
Parent/Guardian if under 18

Name: _____

Address: _____

Phone: _____ **mob:** _____

Email: _____

Allergies / food requirements: _____

Emergency contact name: _____

no: _____

Medicare no: _____

Number on card(eg, 1st, 3rd): ____

Expiry date ____/____/____

Medication / Medical condition: _____

