

23 July 2024

Dear Parents

SECONDARY NORTH WEST ATHLETICS - FRIDAY 2 AUGUST 2024

Your child has qualified through our school athletics carnival to represent Walcha Central School at the North West athletics carnival which will be held on Friday 2 August 2024 at the Tamworth Regional Athletics Centre, Jack Smyth Drive.

Any postponements will be posted on the North West SSA Facebook page. Parents will need to organise transport for their child to and from Tamworth as well as provide supervision for their child while at the event.

Transporting students – Documentation requirements

1. Parents transporting **only** their own child/children do not need to provide any documents.

2. Any person, including parents of students, who are transporting students **other than their own child / children** are now considered Specified Volunteers.

Specified Volunteers are required to provide proof of:

- a. Current driver's licence
- b. Current car registration
- c. Volunteer working with children check. The volunteer WWCC is free to obtain and is valid for 5 years <https://ocg.nsw.gov.au/working-children-check>
- d. Declaration for Child Related Workers (available at school)

Specified volunteers need to have at least an unpaid volunteer Working with Children Check (WWCC) clearance and fill out the Declaration for Child-Related Workers. The school needs to submit a verification request through eCPC, and the principal must confirm that the WWCC has been verified in eCPC before the excursion date.

Volunteers who require a Working With Children Check. Specified (child-related) volunteers includes:

- Any person (including parents) providing personal care services to children with disabilities
- Any person (including parents) providing mentoring services or as part of a formal mentoring program
- Any volunteer (including parents) attending an overnight excursion
- Non-school staff, including parents and close relatives exempt from holding a WWCC clearance, **transporting students other than their own children to school-endorsed activities**
- People over the age of 18 volunteering at a school, who are not parents or close relatives of a child attending the school at which they are volunteering

These trials are selections for the North West team and, if successful, your child must be willing to represent the North West Region at SOPAC, Homebush in the NSWCHSSA State Championships from Wednesday 11 to Friday 13 September 2024.

Students will need to wear school sports uniform, take a hat and 50+ sunscreen to apply throughout the day. A canteen will operate at the venue.

The accompanying staff member will be Mrs Brown who has emergency care/CPR training.

Please complete the attached permission slip and return it to the front office by Friday 26 July 2024.

Yours sincerely

Bonnie Brown
SPORT ORGANISER

Adam Hall
RELIEVING DEPUTY PRINCIPAL

Amanda Cooper
PRINCIPAL

Important information

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport Associations when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>

Concussion Clearance

The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport.

- If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event.
- Medical clearances can be attached to this consent form or can be submitted to team officials separately.

Parent/Carer Acknowledgment and Consent

- I have read the information provided and I hereby consent to my child/ward participating in this event.
- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures.
- I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating at this event.
- I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the duty of care of the supervising teacher during the event.
- I acknowledge that if my child/ward seriously contravenes behavioural expectation, they may be immediately excluded from the team. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the team manager including the cost return transport and accommodation.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility of expenses incurred.

- I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.
- I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the event commencing, I am required to report this to team officials. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the event, if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk by participating in this sport activity.
- I can confirm I have completed the “Permission to Publish student information” section.

Permission to Publish Student Information

The Department of Education may publish or disclose information about your child/ward for the purposes of event promotion and sharing results. This information may include your child/ward’s name, age and school. It may also include information collected during this event such as photographs, live streaming, sound and visual recordings of your child/ward.

PERMISSION TO PUBLISH: I have read the information about disclosing and publishing student information (above) and:

I **give** permission

I **do not** give permission

for Walcha Central School and the Department to publish and disclose information about my child/ward in publicly accessible communications. This permission remains effective until I advise otherwise.

I understand that if I have not given permission to publish, my child/ward’s name will not appear in event programs and results.

PERMISSION NOTE

NORTH WEST ATHLETICS - FRIDAY 2 AUGUST 2024

PLEASE COMPLETE AND RETURN TO MRS BROWN OR THE SCHOOL OFFICE BY
FRIDAY 26 JULY 2024

STUDENT DETAILS (please print clearly)

NAME CLASS

STUDENT CODE OF CONDUCT (student to complete)

I (name) agree to abide by all the rules of the events and to obey all requests given to me. I realise that good behaviour will enable me to take part in future events. Misbehaviour has serious consequences.

STUDENT'S SIGNATURE DATE / /

STUDENT MEDICAL DETAILS

My child has / has not had a concussion (date if applicable) / /

MEDICARE NUMBER EXPIRY / /

Please detail any medical or special needs which the team manager should be aware of, including medical, behaviour management or other specialised plans.

PARENT/CARER DETAILS

PARENT NAME

I give permission for my child Class to attend and participate in North West Athletics on Friday 2 August 2024.

I will be transporting my child

My child will travel with

Contact phone number

I have read and completed all sections of the consent note.

PARENT'S NAME

SIGNATURE

DATE / /