

24 July 2024

Dear Parents

## **PSSA BOYS AND GIRLS TOUCH FOOTBALL KNOCKOUT WARIALDA – 31 JULY 2024**

Walcha Central School has been successful in proceeding to the next round of the PSSA Touch Football Knockout in both the boys' and girls' competitions. This round will be held in Warialda on Wednesday 31 July 2024 at the Warialda Recreation grounds on Holden Street next to the showgrounds and caravan park. The boys team will be playing at 10:30am and the girls team at 11:30am. Students need to arrive 30 minutes before their game.

Students will play one game with 20-minute halves and a 5-minute halftime. If successful, they will progress to the next round of the knockout to be played at a later date.

Students will be required to wear sports uniform and pack a hat, 50+ sunscreen, water bottle morning tea and lunch. Food and drinks will NOT be available at the venue.

Students will be supervised by Mrs Sonia Ussher and Miss Ellie Barraclough. Transport to and from Warialda will be by private transport. If you are unable to transport your child, please email Sonia Ussher at [Sonia.ussher@det.nsw.edu.au](mailto:Sonia.ussher@det.nsw.edu.au). Alternatively, if you can take your child and have room for other students, please email Sonia.

### **Documentation requirements for transporting students**

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) *(It is recommended, to avoid delays and disappointment, that all people transporting students apply for the Volunteer Working with Children Check and complete the Declaration for Child Related Workers prior to requiring the documentation.)*

Please complete the attached permission note and return it to the school office by Monday 29 July 2024.

Yours sincerely

Sonia Ussher  
and Ellie Barraclough  
K-6 SPORTS COORDINATORS

Jodie McAlister  
ASSISTANT PRINCIPAL  
CURRICULUM & INSTRUCTION

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.

CONSENT NOTE

**PSSA BOYS AND GIRLS TOUCH FOOTBALL KNOCKOUT  
WARIALDA – 31 JULY 2024**

PLEASE COMPLETE THESE FORMS AND RETURN THEM TO THE FRONT OFFICE  
BY MONDAY 29 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.

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**PARENT/CARER DETAILS**

PARENT NAME .....

I give permission for my child ..... Class ..... to attend and participate in PSSA Boys And Girls Touch Football Knockout at Warialda on 31 July 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 ..... / ..... / .....