



📄 Online Form - Athletics Carnival

Activity Name:	Athletics Carnival
Date/Time:	Friday 26 July 2024 9:05am - 3:05pm
Description:	<p>Grose View Public School will be holding our Athletics Carnival on Friday 26 July 2024 (Week 1 Term 3) at McMahon Park, Kurrajong.</p> <p>It is expected that all students attending the carnival will catch the bus to and/or from the park. Therefore, all students are requested to pay the fee to cover the cost of booking the park, use of the canteen and buses.</p>
Cost:	\$8.00
Venue:	McMahon Park
Transport:	Bus.
Dress Code:	Students are to wear school sports uniform or appropriate clothing (with sleeves) in their house colours. They must bring a hat, water/drink bottle, towel to sit on, and sunscreen.
Food:	<p>Year 6 will be running the canteen at this year's Athletics Carnival as a fundraiser to raise money for their end of year farewell dinner and gift to the school. There will also be a cake stall and small canteen run by Year 6 parents open on the day.</p> <p>Pre order your sausage on a roll with either popper or water by completing the attached order form and returning it to school, and making your payment via School Bytes (no cash or Flexischools). Tomato and BBQ sauce will be distributed from bottles on the day. If parents/carers would like to order please place your order with your child's class. Orders close Friday 19 July 2024 (during the holidays). No late orders will be accepted as the order will need to be placed on Friday.</p> <p>Students who do not wish to order a sausage on a roll will need to bring recess and lunch.</p>
Additional Information:	If your child is competing in the 800 m track event, they will need to be at the park by 8.30 am.

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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/ward'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/ward's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

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>. (<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. Students who have suffered a concussion with 14 days of the event, must provide written clearance from a medical practitioner prior to participating.

- 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 the consent form or can be submitted to team officials separately.

Due Date:	Wednesday 24 July 2024
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* indicates a required field

I have read the above details and give consent for my child, to attend the Athletics Carnival *

Yes No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Emergency Contact Name: *

Emergency Contact Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

I would like to volunteer to assist time keeping, place judging, marshalling or as an event assistant at the Athletics Carnival. :

Yes

No

I am a Year 6 parent/carer and would like to volunteer to assist running the canteen at the Athletics Carnival :

Yes

No

Write your name and best contact number, if you are available to volunteer your time to help at the Athletics Carnival.:

Parent/Carer Signature: *

Please note: Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.