

${\cal Q}$ Online Form - League Tag Gala Day

Activity Name:	League Tag Gala Day
Date/Time:	Thursday 27 June 2024 9:05am - 3:05pm
Description:	Your child has made it into the League Tag Gala Day to be held on Thursday 27 June at the usual venue of Derrubbin Park in Windsor.
	If anyone is able to be a team coach for the day please let the school know by completing the attached parent information on the permission note.
	As usual, Windsor Wolves will be supplying a BBQ, and the NRL will be assisting with referees (from a local high school) and convening on the day.
	I look forward to a fun day.
Cost:	\$5.00
Venue:	Deerubbin Park, Windsor, NSW (Conrwallis Road, Windsor, NSW)
Transport:	You will be required to transport your child to and from the venue. We will start play at 9.00 am sharp, so please be there by 8.45 am. Pick up will be at 2.00 pm.
Dress Code:	Full school uniform including hat.
Food:	Students are to bring their own recess and lunch and a water bottle. Canteen facilities will be available at the venue at own cost. Students may bring a small amount of money to purchase food.
Due Date:	Wednesday 19 June 2024

* indicates a required field

have read the above details and	l give consent for my	child, to attend the I	_eague Tag Gala Day *
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○ Yes ○ No

Student Name:
Parent/Carer Name: *
Parent/Carer Phone Number: *
Medical conditions/information relevant to the activity (including any medication required):
Personal injury statement
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'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 (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).
I acknowledge that I have read and understand the Department of Education's Personal injury statement: * Yes
Concussion acknowledgement
I acknowledge that if my child has sustained a concussion in the lead-up to the event, I must provide medical clearance to the school or the supervising teacher prior to competition commencing: *

O Yes

I understand that if my child sustains a concussion or suspected concussion during a NSW Department of Education sporting event, they will be removed from competition until medical clearance is provided to the supervising teacher: *
O Yes
Medical treatment
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: * Yes
I acknowledge The NSW Ambulance Schools and Group Cover Scheme 2024 (ASGCS) is an insurance policy that provides coverage for emergency ambulance services to NSW public school students attending approved, fully supervised school activities: *
○ Yes
If you are available to assist in managing a team. Please list your name and best contact number below::
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.