



📄 Online Form - 2024 Regional Athletics Carnival

<b>Activity Name:</b>	2024 Regional Athletics Carnival
<b>Date/Time:</b>	Friday 27 September 2024 9:05am - 3:05pm
<b>Description:</b>	<p>Congratulations! Your child has qualified to represent the Hawkesbury PSSA at the upcoming Sydney West Regional Athletics Carnival. This event will be held on Friday 27 September 2024.</p> <p>Please see paper note and permission forms sent home with competitors for information. The QR Dash QR code permission for Sydney West Regional Carnival needs to be completed by the due date, otherwise athletes won't be able to participate.</p>
<b>Venue:</b>	Sydney Athletic Centre (Edwin Flack Avenue, Sydney Olympic Park)
<b>Additional Information:</b>	NO Entry fee for competitors. Spectator entry will be \$5 each.
<b>Due Date:</b>	Tuesday 17 September 2024

\* indicates a required field

I have read the above details and give consent for my child, to attend the 2024 Regional 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 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: \***

Yes

**If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from the activity and medical follow-up recommended: \***

Yes

### **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: \***

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: \*

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

Parent/Carer Signature: \*