

Ph: 02 6672 1467 Fax: 02 6672 1008 email: murwillumb-p.school@det.nsw.edu.au

2024 District Cross Country

Dear Parents/Guardians,

Your child has been chosen to represent the school at the Murwillumbah District Cross Country. 8/9/10 year old boys and girls will run 2km. 11/12/13 year old boys and girls will run 3km. These distances are in accordance with the NSW PSSA.

Date: Friday 17th May 2024

Place: Les Cave Oval Murwillumbah (There will be no parking at the Les Cave Oval, please use the hockey field parking on the corner of James and Brisbane Streets for private vehicles. Buses will use the bus bays outside Murwillumbah High School)

Cost: \$8.00 per student – PSSA levy

Travel: by own personal transport or walking with teachers (please indicate below)

Time: All participants are to be at the ground by 9.15am, ready to walk the course at 9.30am. All races should be finished by approximately 2pm. Please sign out with the supervising teacher if you are leaving before the end of the day. **Students walking will need to arrive to school by 8:45am.**

Wear: Sports uniform – all runners will be given a school singlet to wear during their race – these are then returned to the teachers before they leave the ground, school hat, joggers. Warm clothing and sunscreen may also be needed. **Spikes are not permitted.**

What to bring: Recess, lunch and plenty of water – a small canteen will run on the day with sausage sandwiches and limited sushi available.

| Yolande Ross | Timothy Gamble |
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| Carnival Coordinator | Relieving Principal |
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2024 District Cross Country

I give permission for my child class....... to attend and participate in the District Cross Country at Les Cave Oval, on Friday 17th May 2024. Please tick which of the following applies:

- My child will travel by private transport to and from Les Cave Oval
- My child has permission to walk to and from Les Cave Oval with supervising teachers. We will arrive at school by 8:45am
- I have paid for the event on school bytes
- o I have enclosed \$8 with the note to the front office

Signed: Date: Date:

Tweed/Murwillumbah PSSA Cross Country Carnival Consent Form



| 1. Student Details (Ple | ease print clearly) | | |
|--------------------------------|-----------------------------------|---|------|
| Student Full Name: | | | |
| Parents/Caregiver Full Name | 9: | | |
| Address: | | Postcode: | |
| Date of Birth: | School: | | |
| Phone: (Home) | (Work) | (Mobile) | |
| 2. Medical Details | | | |
| Medicare Number: | | Exp Date | |
| Date of my child's last tetanu | us injection was: | | |
| My child is allergic to: | | | |
| Does your child have an AS | CIA action plan? YES / NO. If | YES, a copy must be attached to this consent form. | |
| Has your child suffered a hea | ad injury / concussion in the las | t 10 days? YES / NO. If YES, a medical clearance attach | hed. |
| Please detail any medical or | special needs which the team | manager should be aware of, including any behaviour | |
| management or other specia | ilised plans. (copies of plans to | be attached) | |

3. 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 and caregivers 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 insurance outlets. Parents 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 use of some prescribed part of the body. The Supplementary Scheme does not cover medical expenses or dental costs .Further information can be obtained from www.sportinginjuries.com.au Further information regarding student accident insurance and private health cover is provided at: http://www.sports.det.nsw.edu.au/spguide/activities/general/resources/protection.php#medi

4. Privacy Notice

The personal information provided on this permission note, will be used and disclosed by the Department of Education for general administration, communication with parents or carers and matters relating to the safety and welfare of your child in connection with your child's participation at this event or for any other purpose required or permitted by law. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be held securely and disposed of securely when no longer needed.

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| Publishing student information: The Department of Educ for the purposes of sharing his/her experiences with other s This information may include your child's name, age, inform sound & visual recordings of your child. The communications in which your child's information may | students, informing the school and broader community. nation collected during this event such as photographs, | | | |
| Public websites of the Department of Education including the | | | | |
| https://app.education.nsw.gov.au/sport | | | | |
| the Department of Education intranet(staff only), blo | gs and wikis | | | |
| report, promotional material published in print and e | | | | |
| Official Department and school social media accounts on networks such as YouTube, Facebook and Twitter. | | | | |
| | ublished on public websites and social media channels it can e online for a number of years, if not permanently. Search | | | |
| 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 the Department to publish and disclose information abo permission remains effective until I advise otherwise. | ut my child in publicly accessible communications. This | | | |
| SIGNED: | | | | |
| | (Date) | | | |
| Principal's Declaration I certify that the student whose details appear on thi I have verified that the date of birth as stated on this He/she has the school authority to represent on this A copy of this consent form will be retained by my set | form is correct. occasion. | | | |
| SIGNED: | | | | |

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| Principal) | |
| NOTED BY: | |
| School Sports Organiser) | |

2. Parental Consent

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that my child will be under the supervision of Team Manager/s and will not be allowed to visit friends or relatives without my written permission and that of the Team Managers.
- I agree that if my child/ward seriously contravenes behavioural expectations, he/she may be immediately excluded from the team. Should this eventuate, I accept full responsibility for my child/ward upon notification of his/her exclusion by the team manager including the cost of return transport and accommodation.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- To assist team management at the Carnival and to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.
- 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 may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

SIGNED:

(Date)