

CHESTER HILL PUBLIC SCHOOL



Quality education in a caring learning environment

Address: Proctor Parade Chester Hill 2162

Email: chesterhil-p.school@det.nsw.edu.au

Phone: 9644 1286 9644 1251 Fax: 9743 8094

Web: www.chesterhil-p.schools.nsw.edu.au

Athletics Carnival 2023

Dear Parents and Carers,

On Tuesday 20 June, our athletics carnival will be held at The Crest, Georges Hall. This event is for all students from Kindergarten to Year 6. Students will participate in a variety of activities, including age races and novelty events.

Parents and carers are invited to join us on the day.

All students will travel to and from The Crest by bus. Buses will leave at 9.00am sharp and return by 3.00pm. Please be punctual. The cost is \$10.00 per child. To finalise buses, we ask that payments be made no later than 9am Monday 19 June. Online payments must be made by Friday, 16 June.

To promote team spirit, students are encouraged to wear their house colours if possible.

Farrer — blue

Sturt — green

Macarthur — yellow

Hume — red

Please assume that the carnival is going ahead, regardless of the weather. In the event of wet weather, the carnival will be rescheduled. If it is wet weather, a message will be posted on our Facebook page.

The canteen will be operating at the athletics carnival; however, there will be no lunch orders or munch monitor on the day. The P&C will be running a sausage sizzle and the canteen will be selling snacks, drinks, pies and sausage rolls. No pre-ordering is required; students can buy on the day. Sausage sizzle will cost \$3.50. If you would like to support the canteen by volunteering on the day, please contact Lina on 0491 270 436.

All students are expected to attend the carnival, as no supervision will be provided at school on the day.

This event has the approval of the principal. Students should return both signed notes and payment to their classroom teacher.

We look forward to seeing you on the day.

Athletics Committee

Lance Condon
Principal



Chester Hill Public School Athletics Carnival Permission Note

I acknowledge that this event/activity is required to be held in accordance with any 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.

I give permission for my child _____ of class _____ to attend the athletics carnival on Tuesday 20 June 2023. I understand that my child will travel to and from The Crest by bus.

I have enclosed payment of \$10.00.

I have made an online payment. My receipt number is: _____ Date paid: _____

parent/guardian signature

date

If parents/carers would like to assist at the athletics carnival, please complete the following:

Parent/carer's name: _____ Your child's name/ class: _____

Parent/Carer Consent

Student details (please print clearly)

First name: _____ Surname: _____ Class/Grade _____

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.

SIGNED: _____
Student Date

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.

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.

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/#zref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.

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 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 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.

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____ Date: _____