

Zone Netball Trial 2024

Information for Parents/Caregivers



Where: Five Dock Leisure Centre
When: Tuesday 14th May, 2024
3:30pm – 4:30pm

Dear Parents/Caregivers,

The Western Suburbs Zone trial for netball is being held out of school hours. Students who wish to attend the trial will need to make arrangements for their own transport to and from the venue.

During the trial, students will be supervised by their parents and carers and trials will be run by Western Suburbs Netball Convenors Miss S Rovella De Sousa and Miss H Collins (Strathfield South Public School).

Please ensure your child brings a water bottle to the trials.

If your child is selected, they will be required to represent Western Suburbs at the Regional Carnival on Monday 3 June, 2024 at Menai Indoor Sports Centre and make their own arrangements for transport to and from the venue. A separate permission slip for the Regional Carnival will be handed out to those students selected for the Zone team, following the trial.

The trial will be held from 3:30pm – 4:30pm. Please ensure your child is picked up from the venue promptly.

Miss Symone Rovella De Sousa
Strathfield South Public School

2024 Western Suburbs Zone Netball Trial Permission and Medical Note
Five Dock Leisure Centre – Tuesday 14th May, 2024
3:30pm-4:30pm

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/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>.

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Parent / Carer Consent and Nomination

Student details (please print clearly)

First name: _____ Surname: _____ Class/grade: _____

Date of birth: _____

Address: _____

School: _____

Contact phone number: _____

Email address: _____

Playing experience Information

Position(s) nominated: _____

Playing experience – school

School (years played): _____

School representative experience (if a secondary school nomination, did you represent

NSWPSSA): _____

Playing experience – club

Name of club: _____

Years played: _____

Playing experience – Association representation

Age group team: _____

Years played: _____

Is there any position that you do not wish to play or be considered for selection?

Any other information:

Student Code of Conduct (student to complete)

I (name) _____ will endeavour to represent the school in a positive and respectful manner. I will abide by all the rules of the event. I realise that good behaviour will enable me to take part in future events. Misbehaviour has serious consequences.

SIGNED: _____
Student Date

Student medical details

Medicare number: _____ Expiry date: _____

My child/ward is allergic to: _____

Does your child/ward have an ASCIA Action Plan? **Yes / No**

If **YES**, please attach.

Please detail any medical or special needs which the team manager should be aware of, including behaviour management or other specialised plans. (Copies of plans to be attached.)

Parent/Carer details

First name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Phone (H): _____ (M): _____ (W): _____

I give permission for my child/ward _____

of Class/Grade _____ to attend and participate in the: (event)

Date: _____ at Venue: _____

Permission to Publish student information

The Department of Education may publish or disclose information about your child/ward for the purposes of event promotion and sharing results. This information may include your child's/ward's name, age and school. It may also include information collected during this event such as photographs, live streaming, sound and visual recordings of your child/ward.

The communications in which you child/ward's information may be published or disclosed include but are not limited to:

- the event program and results
- public websites of the Department of Education including the School Sport Unit website
- the Department of Education intranet (staff only), blogs, and wikis
- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically
- the Department of Education, School Sport Unit and school social media accounts on networks such as YouTube, Facebook and Twitter
- local and metropolitan newspapers and magazines and other media outlets.

Parents/Carers should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

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 about my child/ward in publicly accessible communications. This permission remains effective until I advise otherwise.

I understand that if I have not given permission to publish, my child/ward's name will not appear in event programs and results.

SIGNED: _____
Parent/Carer

Date

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 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/ward may be exposed to COVID-19 whilst attending and participating at this event.
- I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
- 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 expectations, 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 for 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/ward has no medical condition or injury that places them at risk by participating in this sport activity.
- I can confirm I have completed the "Permission to Publish student Information" section.

Name: _____

SIGNED: _____

Parent/Carer

Date: _____