



5th March, 2020

Dear Parent/Caregiver

OPEN GIRLS NETBALL KNOCKOUT CENTRAL VENUE DAY

Your daughter has been selected to play in the first central venue day of the NSW CHS Open Girls Netball Knockout competition. Following are the details pertaining to the Central Venue Day.

Date: Tuesday, 10 March 2020

Venue: Bellingara Netball Courts, 99-105 Bellingara Road, Miranda

Cost: \$7.00, payable to school office by Monday, 9th March 2020

Transport: All players are required to meet at the venue by 9:00 am.

Students will be dismissed from the venue at the conclusion of the central venue day to make their own way home. Conclusion of the event could be between 1:25 and 2:30pm, earlier than regular school finishing time.

Dress: Sports uniform. Students must ensure they have appropriate sports footwear. Netball vests will be provided to each player on the day.

Incidentals: Students should wear a hat, and bring sunscreen, lunch, snacks and water for the day.

Supervision: Ms Storey

Medical Insurance

Parents and caregivers please note that 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. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, Zone, Area, Region and State School Sports Associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance providers.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

Should you require any further information, please contact Ms Storey on 9524-8816. Please complete the permission note below and return to **Ms Storey** in the PDHPE department by **Monday, 9th March**. Any student who has not returned a signed permission not will not be able to participate in this event.

B Hugo
Principal

S Barlow
Sports Organiser



PERMISSION NOTE

OPEN GIRLS NETBALL KNOCKOUT CENTRAL VENUE DAY TUESDAY, 10TH MARCH 2020

I give permission for my daughter _____, Roll Class _____ to participate in the Open Girls Netball central venue day at Bellingara Netball Courts on Tuesday, 10th March 2020.

Please indicate your consent to each of the following by placing a ✓ in the appropriate boxes.

- I have read, understood and agree to the information contained in the event notification dated 5th March 2020.
- I agree that my daughter is responsible for making her own way to and from the venue.

Alternatively:

- I have organised for my daughter to be transported to and/or from the venue in a private vehicle driven by a licensed driver whose details appear below:

Driver: _____

Driver's License number : _____

Vehicle Registration Number: _____

- I agree that my daughter will be dismissed from the venue at the conclusion of the day's events to make her own way home. I understand that conclusion of the event could be between 1:25 and 2:30pm, earlier than regular school finishing time.
- While I appreciate the efforts made by the school to minimise the possibility of injury, I understand that there remains some degree of risk inherent in sports participation, and that no personal injury insurance cover is provided by the school or NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.
- In the event of injury I acknowledge that all efforts will be made to contact me and I give the teacher(s) in charge the authority to seek appropriate medical attention for my daughter if required. I understand that I am responsible for all costs for these actions and agree to reimburse any PHHS staff member who incurs any costs in regard to medical treatment.

Permission note continues over page

My daughter has the following special needs (please provide full details of any medical condition, previous or current injury that staff need to be aware of in relation to this student).

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My daughter is anaphylactic YES NO

<i>Student name:</i>
<i>Medicare No:</i> <i>Expiry:</i> <i>Private Health cover:</i> YES / NO
<i>Fund Name:</i> <i>M'ship No:</i>
Parent or caregiver contact details
<i>Name:</i>
<i>Address</i>
<i>Home phone:</i> <i>Work:</i> <i>Mobile:</i>
Doctor contact details
<i>Name:</i>
<i>Doctor's phone:</i> 1. 2.
Emergency contact details (nominated by the parent or caregiver as alternate contact)
1. <i>Name:</i> <i>Phone:</i>
2. <i>Name:</i> <i>Phone:</i>

I confirm that the information provided herein is to the best of my knowledge complete and accurate.

Parent/Caregiver Signature : *Date:*.....