

Zone Sport Consent and Nomination Form



Event details

Sport: **Boys and Girls Far South Coast ZONE Touch Football**

Date/s: 22nd February, 2023 (back up date 1st March, 2023)

Start time: 10:15am

Finish times: Approx 1:30pm

Venue: Lighthouse Oval, Ulladulla (Field 1 & 2 - Deering St, Ulladulla NSW 2539)

Levy cost (per student): \$0

What to wear: Appropriate sports clothing (no pockets), football boots/runners

What to bring: (including any personal protective items): water bottle, hat, sunscreen, snacks/lunch.

Transport details

Transport arrangements: Private transport arranged by parents/carers

***Please Note: Only the convenors will be present. No school representative will be present at the trials.

Coordinating teacher details

Further inquiries (please contact): Sapphire Coast convenor - Emma Bolton 0419242146

Return consent note and levy to: your school sports coordinator who will pass it on to

Emma Bolton: emma.wykes@det.nsw.edu.au **no later than Thursday 16th February.**

If this event is postponed for any reason details can be found at:

<https://sapphirecoast.primarysport.com.au/>

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

----- *please return this section* -----

Parent / Carer Consent and Nomination

Student details (please print clearly)

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

Date of birth: _____

School: _____

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**, a medical clearance must be attached.

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 your 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 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/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

