

${\cal A}$ Online Form - Netball Gala Day

Activity Name:	Netball Gala Day
Date/Time:	Friday 28 March 2025 8:55am - 2:55pm
Description:	Dear Parents,
	Your child is invited to participate in the Netball Gala Day, an exciting
	opportunity for students to develop their netball skills and engage in friendly
	competition with other schools in our local area.
	Please find the event details
	below.
	Event: Netball Gala Day
	Date: Friday, 28th March 2025 (Term 1, Week 9)
	Time : 9:45am – 2:00pm
	Venue: International Peace Park, Jean Street, Seven Hills
	Travel: Students will travel by bus, departing from Wentworthville Public School
	after the 8:55am bell and returning before the end-of-day bell at 2:55pm.
	Cost: \$15.00 per student (\$5.00 entry fee + \$10.00 bus fee)
	Supervised By: Mrs Caroline Hatter and Mrs Amy Sanders (Teachers)
	Payment Method: School Bytes (accessible via the Wentworthville Public School website under 'About Our School')
	What to Wear: Sports uniform with regular sneakers or netball shoes
	What to Bring: Water bottle, hat, sunscreen (all netball equipment provided), regular food for the day

2025, 16:59	Online Form Wentworthville Public School
	Mrs Caroline Hatter and Mrs Amy Sanders (Teachers)
	Mrs Denise Lockrey (Principal)
Cost:	\$15.00
Venue:	International Peace Park (Jean Street, Seven Hills)
Transport:	Students will travel by bus, departing from Wentworthville Public School after the 8:55am bell and returning before the end-of-day bell at 2:55pm.
Dress Code:	Sports uniform with regular sneakers or netball shoes
Food:	Please pack your lunch and bring a water bottle
Additional Information:	Concussion Awareness
Due Date:	Monday 24 March 2025

	maleates a required neid
I have read the above details and give consent for my child, to attend the Netball Gala Da	v *
· · · · · · · · · · · · · · · · · · ·	•
○ Yes ○ No	
On the CN and	
Student Name:	
Parent/Carer Name: *	
Parent/Carer Phone Number: *	
Medical conditions/information relevant to the activity (including any medication required):	
including any medication required).	
	/1

Accident insurance information

In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

Concussion management

When a student enrolled in a government school is diagnosed with concussion, the principal must be advised in writing as soon as the diagnosis is confirmed. Students may only return to sport and physical activity once a medical clearance has been provided to the school and, if at a school sport event, to the supervising teacher.

Any student that experiences a suspected concussion during a school endorsed activity, will be removed from the activity and parents/carers will be advised that a medical follow-up is required.

If medical clearance is not provided, the student cannot participate in vigorous or competitive school sport or physical activities for 21 days from the concussion date.

By signing this permission note, I acknowledge that:

- I have read the information provided and give permission for my child to participate in this event.
- I understand the NSW Department of Education Representative School Sport Pathway supports wellbeing, inclusivity and a sense of belonging for all students through sport and physical activity.
- · I acknowledge that this event will be held in accordance with current NSW Health and Department of Education policies and procedures.
- I acknowledge that my child will be supervised by Department of Education teaching staff during the event.
- I understand the 'Accident insurance information' and 'Concussion management' set out above.
- I acknowledge that if my child seriously contravenes behavioural expectations, they may be immediately removed from participating in the event.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them

at risk in participating in this event.
I have read the information provided and I hereby consent to my child participating in this activity/event.: *
○ Yes
I acknowledge that this activity/event is required to be held in accordance with any current NSW Health and NSW Department of Education's policies and procedures.: *
○ Yes
I understand that my child will be under the supervision of NSW Department of Education teaching staff for the duration of the activity.: *
○ Yes
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 activity/event.:
○ Yes
I acknowledge that I have read and understand the 'personal injury statement' and the 'concussion acknowledgement'.: *
○ Yes

72020, 10.00	Chillie Form Workworth vine Fubile Contest
I affirm that, to the best of my by participating in this activity,	knowledge, my child has no medical condition or injury that places them at risk /event.: *
O Yes	
Parent/Carer Signature: *	
Please note: Once you have subutton located on this page.	abmitted this consent form, payment can be made via the 'Make Online Payment'