

## 2021 Oceanic District Athletics Carnival

30 July 2021

Dear Parent/Caregiver

Following our School Athletics Carnival, your son/daughter \_\_\_\_\_, has been selected in the school team to compete at the Oceanic District Athletics Carnival.

Dates of Activity: Monday 16 and Tuesday 17 August 2021.  
Venue: Gold Coast performance Centre Athletics Track, 1 Sports Drive, Runaway Bay  
Transport: Bus or Own (Please indicate mode of travel on consent form)

Cost per Student: \$10.00 per day if travelling by bus (preferred payment is Internet Banking) Non-refundable  
Last Date for Payment: Monday 9 August 2021

### Transport Arrangements

	Bus	Own Transport
Departure Time:	7.50am (Leaving from NSHS bus bay)	Refer to attached schedule for event times
Return Time:	3.00pm (Returning to NSHS bus bay)	

Students are to bring: Bottle of water, hat and running shoes.  
Food arrangements: Student to bring own lunch and snacks or food is available for purchase.  
Clothing: Full Sport school uniform.

Parking: This is virtually non-existent at the venue. Parking inspectors are extremely diligent in enforcing parking restrictions.

If you have any enquiries please do not hesitate to contact Sonia Donnelly on 5503 7841 or [sdonn32@eq.edu.au](mailto:sdonn32@eq.edu.au).

Cameron Puddey  
Head of Department

**Activity Risks & Insurance:** Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

**Privacy Notice:** The Department of Education and Training (DET) is collecting the personal information requested in this form in order to, obtain lawful consent for your child to participate in the activity. Help coordinate the activity, respond to any injury or medical condition that may arise during, or as a result of the activity and update school records where necessary. The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld). The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

## Oceanic District Athletics Carnival

Teacher Responsible: Sonia Donnelly

ID: 515815

Consent:

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education does not have personal accident insurance cover for students.
- I understand that I must have all annual school fees paid for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require.
- I accept liability for all reasonable costs incurred by the Department of Education in obtaining such medical assistance or treatment and undertake to reimburse the Department of Education the full amount of those costs.
- I will pay \$10 per day to the school for the costs detailed in this letter for my child's participation in the activity or I understand that I am responsible for my child's transportation to and from the event.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment.
- I have provided relevant updated medical information to: admin@nerangshs.eq.edu.au

I give consent for my child, \_\_\_\_\_, to participate in the Oceanic District Athletics Carnival on Monday 16 and 17 August 2021 at the Gold Coast Performance Centre.

Parent/Carer Name: \_\_\_\_\_ (Please Print)

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Transport

(please tick day/s competing)

Monday 16 August



Bus

Own Transport

Tuesday 17 August



Bus

Own Transport

### **EXCURSION PAYMENT:**

The preferred method of payment for all school activities is Internet Banking.

BSB: **064 451**

Account Number: **10003546**

Excursion Code: **DISTRICTS**

Payment Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Reference Used\*: \_\_\_\_\_

\*In order for the payment to be applied to the correct student, please ensure that you use the reference as follows: **First 5** letters of student's **surname** + **first 3** letter of student's **first name** + the **Excursion Code**. (e.g. if the student's name is David Collingwood, the reference would be: COLLI Dav DISTRICTS)

Please Note: An invoice for this excursion will automatically be sent to the email address you have provided to the school. All students who have been invited to participate will receive an invoice. Should your child not wish to participate, after the excursion has been completed the invoice will be removed from your account.