**Blandford Public School Horse Sports**

**Friday, 2 March 2018**

**Conditions of Entry**

* This event is a principal endorsed high risk activity. It has been verified by the NSW Department of Education WHS Directorate and all elements have been met. In addition a senior qualified horse sports representative has validated the procedures and the principal has endorsed the activity.
* Only one team entry form per school will be accepted; one school cheque per team entry. Personal cheques will not be accepted.
* **Students of independent and catholic schools please note:**

Blandford Public School and the NSW Department of Education will not be responsible for any injury or damage incurred. Students not enrolled in a Department of Education school enter at their own risk and shall hold Blandford Public School or the NSW Department of Education blameless and indemnified against legal proceedings for injury or damage.

Parents or Team Managers for private school students must check their own insurance with their individual principals to ensure their team/child is/are adequately covered. This is to be the responsibility of the Supervising Teacher for each school. Independent and catholic schools are to provide a CERTIFICATE OF CURRENCY for their PUBLIC LIABILITY to Blandford Public School before any nominations will be accepted.

* Teams **MUST** have a supervising teacher present and identified on the Team Entry Form. Schools may prefer to negotiate a shared supervising teacher who is responsible for students for a cluster of schools.
* Any number of riders may be entered by each school. The maximum number of competitors will be **120**. Entries will be accepted according to receipt date and schools will be advised of the acceptance of their entries via email.
* In addition to the Team Entry Form, each rider is required to complete a Rider Entry Form, a Disclaimer and PSSA Medical Information Form (along with a Health Care Plan if applicable). **Entries for riders without completed and signed forms will not be accepted.**
* Schools are required to collate and check the forms and return by mail, along with one school cheque for all entry fees by Friday, 23rd February 2018.

Mail to: Horse Sports

Blandford Public School

New England Highway

BLANDFORD NSW 2338

* Entries will not be accepted by phone, facsimile or email.
* Entry fees are non-refundable except in the event of (cancellation or postponement). In the event of cancellation all supervising teachers will be advised via text message as early as possible and a notice will be placed on the event Facebook page. For more information on cancellations contact Sascha Watson 0427 466 239 or Belinda Teague 0407 910 241.
* The minimum age for riders is 8 years as at December 31 2018.
* Each school must provide at least two (2) workers other than the team manager to assist on the day.

If a worker is timing an event they must remain until the event has concluded. Schools will be notified via the Team Manager Information Pack of helpers required for the sporting events. Rules and diagrams will also be provided in the sporting event packs to be collected from the office before the commencement of sporting events. Your assistance in ensuring your workers are available where designated is greatly appreciated and will help the day run smoothly.

* Horse Health Declarations **MUST** be handed into the main gate on arrival prior to parking/unloading horses.

**General Rules & Regulations**

Any child found to be misbehaving or not following instructions of either the team managers or the Blandford Public School Horse Sports Committee will be asked to dismount and leave the grounds.

* Horses are **NOT** to be unloaded until the *“Horse Health Declaration”* form has been handed into parking attendants at main entry gate.
* Supervising Teachers/Team Managers are to collect their schools folder from the office at 7.00am. Folders will include gear check wristbands as well as further information on the running of the day.
* Team Managers and Supervising Teachers must attend an induction at 7.15am at the office. Failure to do so will result in those riders not being able to participate
* Team Managers must ensure each rider’s equipment is such that it will pass a Pony Club safety inspection or he/she will not be permitted to ride. Once Team Managers have completed a gear check they will issue riders with a red wrist band. Riders will then be required to have an official gear check before entering the ring where they will be issued with a blue wristband. They must have wristbands visible or they will not be permitted to ride.
* The Team Manager and/or parent will assess and certify that horses are matched to the rider’s ability and sign off on this. The committee has the right to exclude any horse that is considered unsafe or exclude any rider that is not capable of riding safely.
* Each school’s Supervising Teacher and Team Manager is responsible for the supervision and behaviour of the competitors as well as getting them to the events.
* Should there be any queries during the day the Supervising Teacher/Team manager will negotiate on behalf of the rider/school.
* Please ensure the office is notified of any scratching’s on the day as early as possible. Scratching’s can also be made prior to the day by calling Belinda Teague 0407 910 241.
* Supervising Teachers and Team Managers are to instruct students to use adequate sun protection and to keep up the intake of fluids.
* Events will be run under the rules of the Pony Club Association of NSW
* A standards Australia certified helmet No-ASN 3838 or EN 1384 is essential. This must be securely fastened at all times.
* **NO** stallions are permitted onto the grounds.
* One horse, one rider to apply.
* No dogs are permitted on the grounds at any time during the horse sports day. If any dogs are found the pound officers will be notified.
* The judge’s decision is final.
* Please ensure all non-competitors, parents; children remain outside the boundaries of all competition areas.
* The age category of competitors is the age the rider will turn as at 31-12-2018.
* **Any disputes to be lodged by the team manager in writing, within 15mins of the event ending. A fee of $70 must accompany complaint, and will be forfeited if dispute is dismissed.**
* **All decisions of the disputes committee will be final. The committee reserves the right to alter, delete or vary any event on the day.**
* **No gaiters are to be worn throughout the duration of the event!**
* There will be no finals and events will not wait for any late competitors.
* Entry fees are NON REFUNDABLE (unless advised in the school confirmation of non-attendance). In the event of cancellation due to weather etc, Supervising Teachers will be advised by text message and a notice will be placed on the event Facebook page.
* Judging of the Best Presented School will take place at 8.15am – please remember to bring your school banner.
* There will be a no smoking policy during the running of the event.

**General Rules & Regulations continued**

**PLEASE NOTE: RIDING IS ONLY PERMITTED IN THE DESIGNATED ENCLOSED AREAS. ALL HORSES ARE TO BE LEAD FROM FLOATS/TRUCKS TO MARSHALLING/WARM UP AREAS. HELMETS ARE TO BE WORN AT ALL TIMES WHILST RIDING AND ATTENDING TO HORSES. NO ONE IS PERMITTED TO COMPETE IN AN EVENT UNTIL THEY HAVE HAD A GEAR CHECK FROM THEIR TEAM MANAGER AND AN OFFICIAL GEAR CHECK BEFORE ENTERING THE RING. IF A SADDLE HAS BEEN REMOVED, REPLACED OR LOOSENED THROUGHOUT THE DAY, IT IS THE PARENTS/TEAM MANAGERS RESPONSIBILITY TO ENSURE ANOTHER GEAR CHECK HAS BEEN COMPLETED.**

**Point Score/Awards/Age Groups**

Ribbons will be awarded up to 4th place. Point score is

1st – 4

2nd – 3

3rd – 2

4th – 1

Age Champion and Reserve Champions will be awarded at the completion of the day.

The Champion school or schools will be the school with the highest accumulated point score from their top four (4) riders. Separate trophies will be awarded to Primary and Secondary Schools. A trophy will be awarded to Best Presented School on the day.

Riders will compete in Age Groups 8yrs, 9yrs, 10yrs, 11yrs, 12yrs, 13yrs, 14yrs, 15yrs and 16+yrs.

Groups will be divided into boys and girls in each age group. However, where there are less than three (3) children in any age group it is requested that children move up an age group to compete. In this instance the team manager/parent will be contacted and given this option or the opportunity to have their entry refunded if the child is withdrawn.

**Uniform**

The uniform will be fawn, bone or oatmeal jodhpurs or stockman cut trousers (no other colour will be accepted), approved Pony Club boots (NO HIGHTOP BOOTS), safety helmet, school shirt, tie and jumper (optional). No coats are to be worn. Any rider wearing blue jeans will not be allowed to compete. School sport shirts will be permitted for the sporting events ONLY.

**Ring Events**

Riding Class, Hack class and Pony Club Mount (Similar to Pleasure Hack – No Gear Change Required)

**Sporting Events**

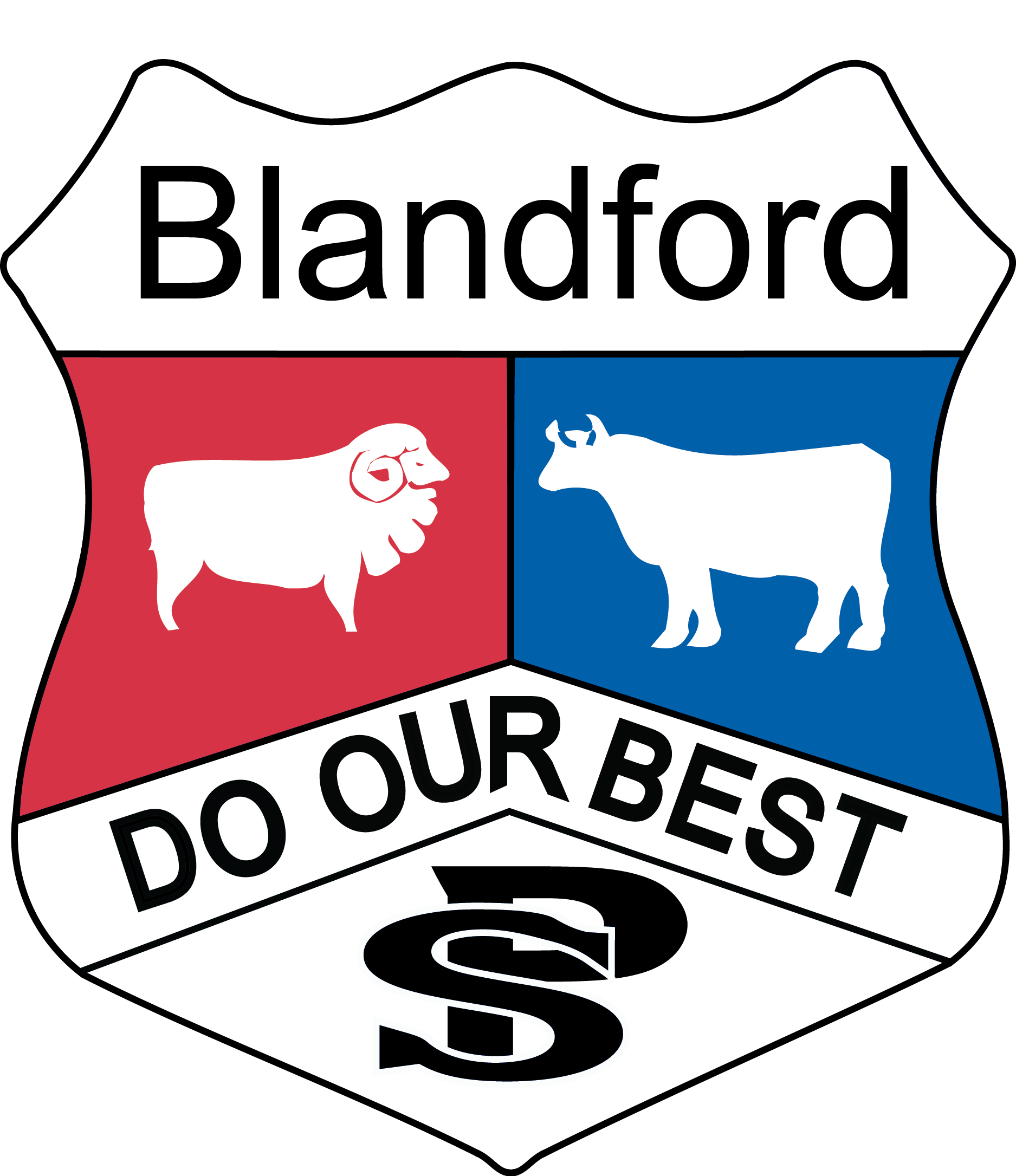
Straight Barrel Race, Running Tee, Keyhole, Mug Race and Diamond Flag

**First Aid/Medical**

An Independent First Aid Response Team has been engaged to provide medical and first aid services for the event.

**Please Note: Students with identified medical conditions will need to provide a health care plan for first aid purposes as part of the child’s entry form.**

**Blandford Public School Horse Sports**



**Friday, 2 March 2018**

**Disclaimer Statement**

**Event:** Blandford Public School Horse Sports

Hereafter referred to as the “**EVENT”**

I acknowledge and agree as a condition of participating that neither Blandford Public School and Employees, Blandford Public School P&C Association committee and members, organisers, sponsors, participants, officials, volunteers, medical personnel, any persons, owners and lessees of premises used to conduct the EVENT, shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the EVENT, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Commonwealth or similar State Legislation)

I acknowledge that Equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can, and do occur.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTAND THE CONTENTS OF THIS DISCLAIMER

………………………………................................................................................................…….....

Name (Block Letters) Signature Date

PARENT/GUARDIAN CONSENT FOR PARTICIPANTS UNDER 18

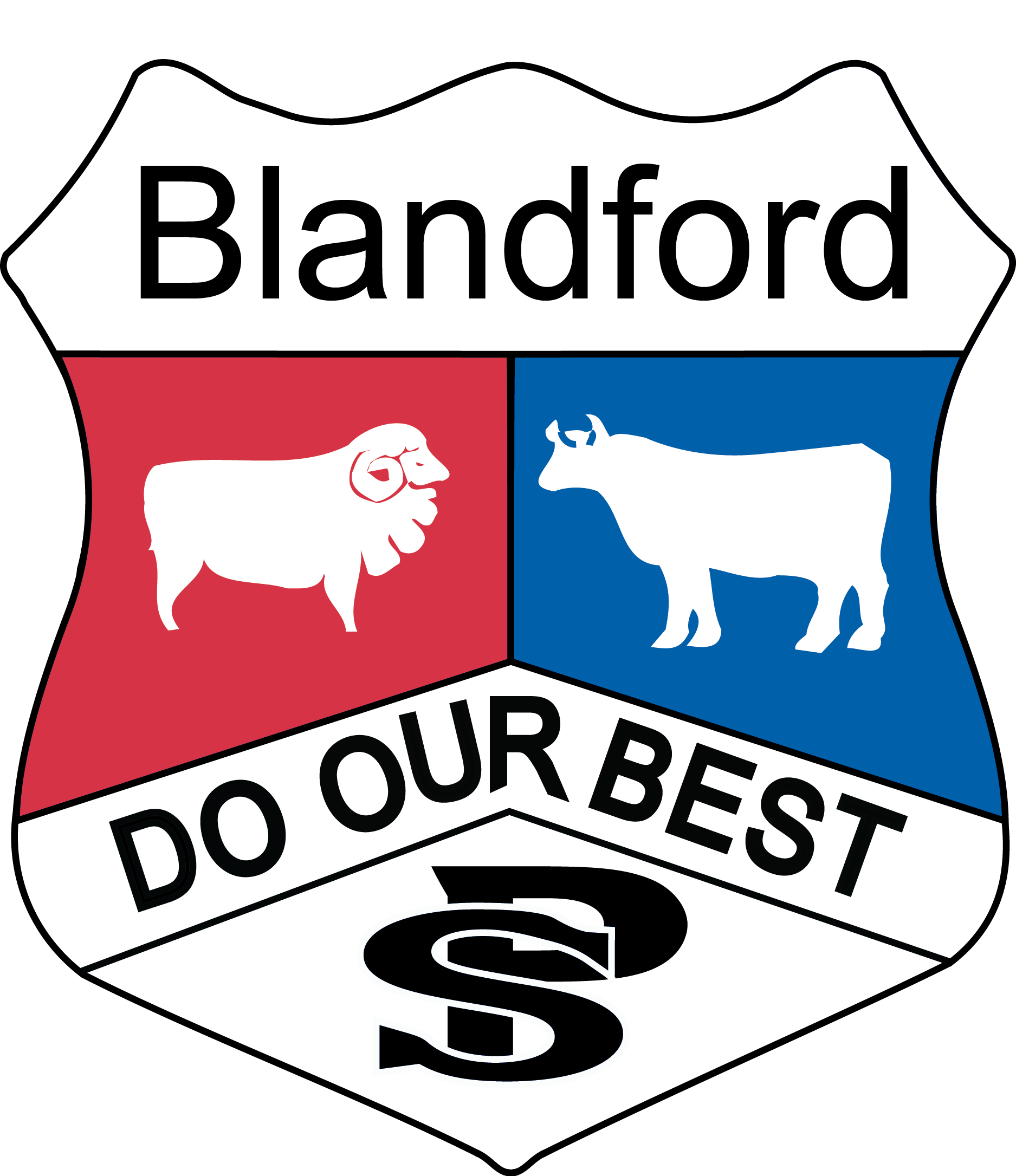
I ………………………………...……..... Being the parent/guardian of ……………………………….....…….....

Confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity in which the above named child will participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do occur. I agree that neither Blandford Public School and Employees, Blandford Public School P&C Association committee and members, organizers, sponsors, participants, officials, volunteers, medical personnel, any persons, owners and lessees of premises used to conduct the EVENT shall be under any liability whatsoever for the death or bodily injury which may be suffered or incurred by the above named or by me in or being present at the EVENT except for any rights the above named or I may have arising under the Trade Practices Act 1974 (Commonwealth or similar State Legislation)

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTAND THE CONTENTS OF THIS DISCLAIMER

………………………………................................................................................................

Name (Block letters) Signature Date

**Blandford Public School Horse Sports**

**Friday, 2 March 2018**

**RIDER ENTRY FORM - one entry form per rider**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F

D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (as at 31/12/18)\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary: Secondary: *(Please indicate)*

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of adult responsible for rider on the day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principals Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principals Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Fee - $25 per student – entries will be confirmed once nomination has been received. If paperwork is not completed correctly, entries will not be accepted.

**NOTE:** Team Manager/Parent. In signing the nomination form you are confirming that the student is a capable rider for these activities and will comply with guidelines that have been set by the Blandford Public School Horse Sports Committee. In the case of private school entries, you are confirming that you have checked that your students are covered for participation in horse sports events under your own school’s insurance policy and your school has provided the Blandford Public School Horse Sports Committee with a copy of this. I confirm I have read and understood and agree to be bound by the rules of the event.

I do – I do not ***(please circle)*** agree for my child to be photographed during the horse sports day. I understand these photos may be published in various media forms for the purpose of promoting this event.

I give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School, to participate in the Blandford Public School Horse Sports Day.

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Communities for students in relation to school sporting activities or any other school activity. Parents and carers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school when deciding whether additional insurance cover, above that provided by ***Medicare***, is provided.

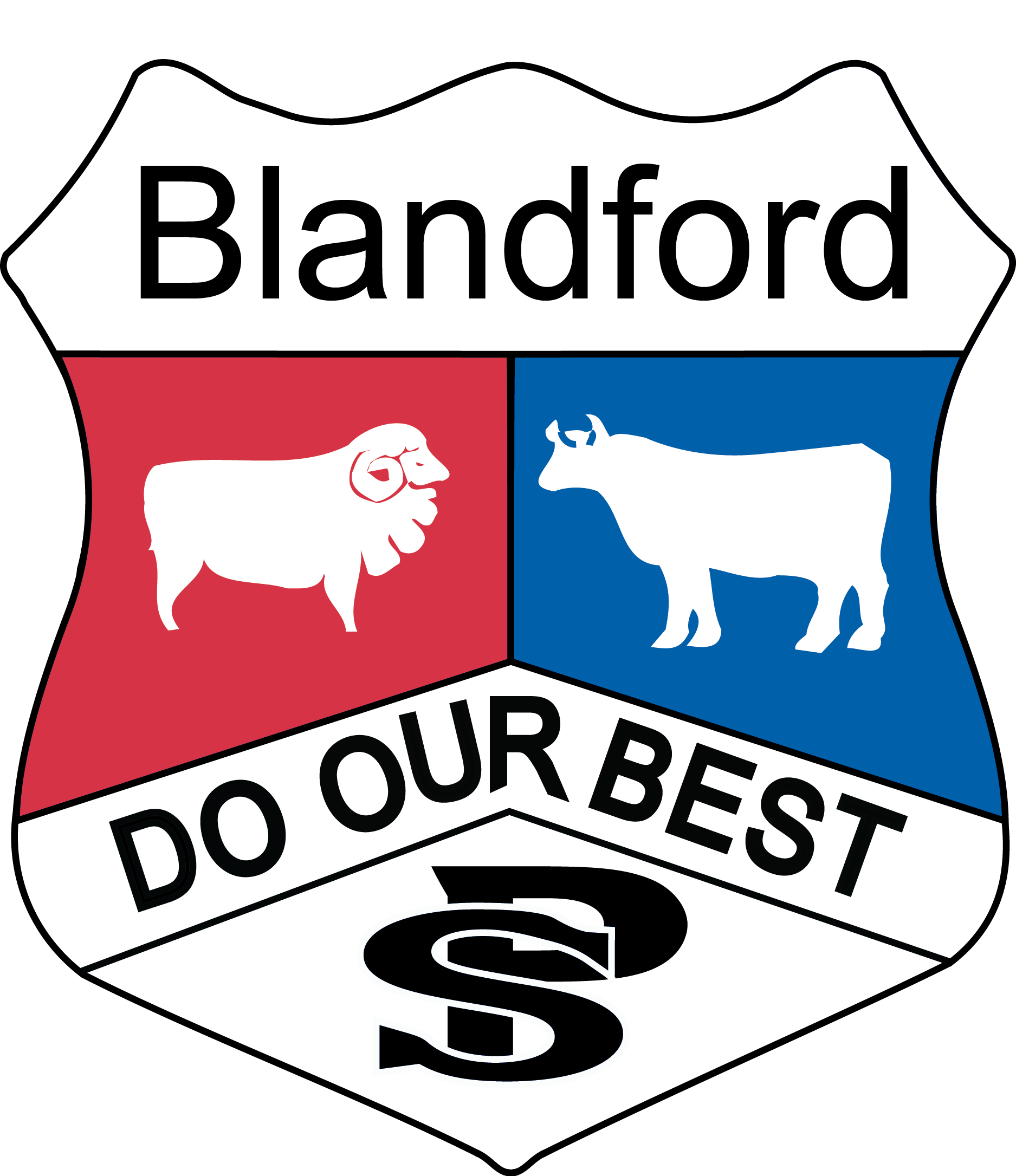
The NSW supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in permanent loss of a prescribed faculty or the use of some prescribed part of the body, further information can be obtained from [www.sportinginjuiries.com.au](http://www.sportinginjuiries.com.au)

I have read the medical disclaimer and to the best of my knowledge, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has no medical condition, physical disability or injury that would put him/her at risk in participating in the school sporting activities. I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. By signing hereunder I confirm having read and understood the contents of this

permission note.

**I confirm that my child is an experienced rider, the horse/rider combination is suitable and experienced as a team and can perform at a level appropriate to participate in the event.**

Parent/Guardians Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Blandford Public School Horse Sports**

**Friday, 2 March 2018**

**Medical Information Form**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as 31/12/18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Tetanus Vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you contribute to the NSW Ambulance Scheme: Yes/No (please circle)

**Parent/Guardian Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Doctor’s Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact(s) details (nominated by the parent/guardian as alternate contact)

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outline special dietary needs including possible reaction to inappropriate diet

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this student require an individual health care plan, eg ASCIA/Asthma Plan?

Yes 🞏 No 🞏

**If yes, a current copy of the plan must be included with this entry form.**

**In the event of an accident or illness, I authorise the obtaining on my behalf such medical assistance as my child may require. I also authorise the administering of appropriate treatment/medication including the administering of anaesthetic if this is deemed necessary by the attending medical officer. I agree to pay all costs associated if an ambulance is called and medical assistance required.**

**Privacy advice**

The information provided on\_\_\_/\_\_\_/2018 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian name, is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) who is currently enrolled at the named school and who many participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Blandford Public School.

It will be used by officers of the NSW Department of Education and Communities to assist planning, to support students, and to minimise risks when conduction school excursions, sporting or other school activities.

Other persons or agencies that may be proved with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion activity.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date