

## **Wamberal Public School**

Expression of Interest for School Representation

## **Expression of Interest: Rugby League**

19/5/2022

Dear Parents and Carers,

Our school is seeking an expression of interest from students to trial for school representation in rugby league

<u> </u>	· · · · · · · · · · · · · · · · · · ·				
PSSA Rugby League	Your child has expressed an interest in playing competitively for Wamberal Public School in the rugby league team.				
Brief Description	NSW Primary Schools Sports Association (NSWPSSA) provides opportunities for primary students to participate in competitive sport at the state level and above. Students will be involved in a regional knockout competition which will either be held as a one day gala day or individual games until we are eliminated.				
Venue	Wamberal Public School				
Day and Date	24/5/22 & 26/5/22				
	Please return expressions of interest by 23/5/22				
Group / Year / Classes involved	Stage 3 students				
Accompanying staff	Brett Smith				
Staff member with CPR and emergency care training	Brett Smith				
Dress requirements	WPS school uniform				
Refreshment requirements	Water				
Behaviour	Student behaviour is considered when assessing the risk of excursions and extra-curricular events for the health and safety of all students and staff. Students must behave appropriately at all times on excursions. The school's discipline policy applies for the duration of this event.				
Requirements	Students may self-nominate to try out for school sport teams.  Teacher mentor/s will hold at least two trials for the selection of representatives during which students will be assessed according to the selection criteria.  Selection of the teams is at the discretion of the teacher mentor. External representation, prior representation or a student's year group is not a requirement or guarantee of school representation. Selection criteria includes:  • Demonstration of skills applicable to the sport.  • Demonstration of listening skills.  • Demonstration of teamwork and sportsmanship.  Unless absent from school, students are expected to attend all practices which take place once or twice a week before school at 9:00am or during lunch or recess. Practice may become more frequent around the time of a competition.  All students are expected to demonstrate safe, respectful behaviour to be considered for school representation at external competitions.  Please note that students whose behaviour does not reflect the high standards expected of Wamberal Public				
Organising Teacher	School students may be excluded from attending this event if selected for the team.  If you have any questions or require further information regarding this event, please contact  Brett Smith at school on 4384 1111.				

**Brett Smith, Organising Teacher** 

Paul Miller, Principal

--->---- Please complete the attached permission note and medical information and return to the office by 23/5/22

## Wamberal Public School Expression of Interest Consent Form

**Privacy Note:** The information provided below is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about the student who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Wamberal Public School.

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

Other persons or agencies that may be provided 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 or school activity. In such circumstances the school will make available a sound alternative educational experience.

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 school office.

## TITLE OF EXCURSION, PERFORMANCE OR ACTIVITY: Trials for Wamberal Public School Rugby League ORGANISING TEACHER: Brett Smith

Permission note and payment due by 23 May 2022

General Permission Details			Please tick			
I consent to the WPS rugby league team.	of Class	participating in the trials for selection of			election of	
			Yes		No	
The cost of this event is \$0.00						
Health Care Needs						
When a medical practitioner has prescribed medication (including emergency)  bringing this need to the attention of the school, including complete ensuring that the information is updated if it changes;  supplying the medication and any 'consumables' necessary for it ensuring the medication is well within its expiry date; and collaborating with the school in working out arrangement for the	eting a written request to administer med	dication (forms a	re available on th	e school webs		
For some events, the school will ask parents to supply the medication in a dissupply an additional adrenaline autoinjector (i.e. $EpiPen$ ® / $Anapen$ ®).	fferent way to what has already been ag	reed by the scho	ol. For example,	parents may b	e asked to	
For asthma and anaphylaxis it is important for students to have immediate and Anapen® or asthma reliever medication while at school. Permissions for students		•	·	•		
My child has a Health Care Plan at school.			Yes		No	
My child has the following special needs (please pr	ovide full details and includ	le any relev	ant medica	l details)		
I give permission for my child to receive medical treatment in case of emergency.			Yes	0	No	
Parent / Carer Details						
Name:	Contact Number	Contact Number on the day:				
Signature Date:						