



Expression of Interest: Oztag Gala Day Stage 3

12/8/22

Dear Parents and Carers,

Our school is seeking an expression of interest from students to trial for school representation in Oztag.

Wamberal Public School Oztag Team	Your child has expressed an interest in playing competitively for Wamberal Public School in the Primary Schools Regional Oztag Tournament.
Brief Description	Students will be involved in an Oztag tournament which will be held as a one day gala day.
Venue	McEvoy Oval (McEvoy Avenue, Umina Beach)
Day and Date	Trials will be held at school in Week 5 and 6 Thursday 18 August (Boys & Girls first trial) & Monday 22 August (Boys and girls final trial). Please return EOI permission note by Wednesday 17 August 2022.
Group / Year / Classes involved	Stage 3 students
Accompanying staff	Miss Joanna Heys and Mr Jack Grimmond-Lee
Staff member with CPR and emergency care training	Miss Joanna Heys and Mr Jack Grimmond-Lee
Dress requirements	School uniform
Requirements	<p>Students may self-nominate to try out for school sport teams.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none">• Demonstration of skills applicable to the sport.• Demonstration of listening skills.• Demonstration of teamwork and sportsmanship. <p>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.</p> <p>All students are expected to demonstrate safe, respectful behaviour to be considered for school representation at external competitions.</p> <p>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.</p>
Organising Teacher	If you have any questions or require further information regarding this event, please contact Miss Heys or Mr Grimmond-Lee at school on 4384 1111.

Miss Heys and Mr Grimmond-Lee, Organising Teachers

Paul Miller, Principal

---X--- Please complete the attached permission note and medical information and return to the office by 17/8/22

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 EVENT: Trials for Stage 3 Wamberal Public School Oztag team
ORGANISING TEACHERS: Miss Heys and Mr Grimmond-Lee
Permission note due by 17/8/22

General Permission Details – Please tick and complete all details

- I consent to _____ of Class _____ participating in the Wamberal Public School Oztag Team.
- My son / daughter has the following special needs (please provide full details and include any relevant medical details)
- _____
- _____

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school, including completing a written request to administer medication (forms are available from the front office or via the school website).*
- Ensuring that the information is updated if it changes.*
- Supplying the medication and any 'consumables' necessary for its administration in a timely way. The medication should be well within its expiry date.*
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion. For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline autoinjector (i.e. EpiPen® /Anapen®) for example.*

For asthma and anaphylaxis it is important for students to have immediate access to their medication. Please consider whether your child should carry their own EpiPen®, Anapen® or asthma reliever medication to school and while they are at school. If you would like the school to consider your request for your child to carry their medication, please complete the form 'Request for student to carry his/her own medication' form available for download from our school website.

- I give permission for my child to receive medical treatment in case of emergency.
- My Medicare number is: _____

I understand that participation in this trial may not result in my child's selection for the team and that I have discussed this with my child.

Parent / Carer Name: _____

Parent / Carer Signature: _____ Date: _____

Contact number on the day: _____