

## Activity Consent Form – Sport and Physical Education 2020

Dear Parent/Carer

Whites Hill State College offers a wide range of physical activities as part of our sport and physical education programs. By signing this activity consent form you are giving your child permission to participate in the activities listed below.

**Health and Physical Education** – all physical activities in the school's Health and Physical Education program. This may include (but is not limited to) Swimming, Discus, Javelin and European Handball.

**Sport** – the College sport program takes place on Wednesday afternoons and the undertaken activities fall into 3 categories:

- 1) Interschool Sport – competition at Whites Hill and outside venues against other South District Schools. The competition is divided into summer (term 1 and 2) and winter (term 2 and 3) seasons. Travel to outside venues is by bus.
- 2) Recreational Sport (outside providers) – these activities may take place at the College or outside venues. Travel to outside venues is by bus. Examples that may be included (but not limited to): indoor rock climbing, dancing, gym weights sessions or fitness classes.
- 3) Recreational Sport (school based) – this includes the walking group, which walks to Whites Hill Reserve.

Cost: Students who participate in interschool sport or recreational sports with outside providers are required to pay the College Sport Levy of \$60. This covers both the summer and winter season. There is no cost for students who participate in the school based recreational sport program.

**Whites Hill State College Carnivals** – students compete in the inter-house carnivals which are held at the College: Swimming; Cross Country; Athletics.

**South District (13-19 Years) and Lytton District (10-12 Years) Carnivals** – students are selected in the College team to compete at the District Carnival which is also a selection trial for the Met East Regional Trials: Swimming; Athletics; Cross Country.

**Sports and Activities not covered by this consent form** – South District Sport Trials (other than swimming, cross country and athletics), Met East Trials, Rugby League or Rugby Union. These activities will require supplementary permission and medical forms.

For further information about the activity, please contact Mr Derek Frail on 3900 8333 and [dfrail1@eq.edu.au](mailto:dfrail1@eq.edu.au).

Yours sincerely,

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Derek Frail  
Sport Coordinator

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Andrew Beattie  
Principal

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### **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 be 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.

### **Consent**

By signing this form (below) 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 and Training does not have personal accident insurance cover for students.

I give consent for my child, \_\_\_\_\_ in class \_\_\_\_\_ to participate in the physical activities included in the College's Sport and Physical Education programs. I will pay to the school the costs detailed above 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, including contacting my child's doctor.

I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.

I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Parent/Carer Name:

\_\_\_\_\_(Please Print)

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### **Additional medical information**

The school collected medical information about your child at enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

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