Marylin Terrace Eatons Hill Q 4037

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## NORTH DISTRICT GALA DAYS - AFL

03/04/2025

Dear Parent/Carer,

During Term 2, we will be participating in AFL as part of our North District School Sport Gala Days. The aims of the activity are:

- To participate in an interschool sporting competition.
- To develop a sense of school pride and identity.
- To develop teamwork and respect for others.

Date:

16/5, 23/5, 30/5 (wet weather dates to be announced if required)

**Activity Costs:** 

\$42

Payment Deadline:

02/05/2025

**Payment Options:** 

Payment can be made by BPoint using the link on your Invoice, by the QParent App if you are registered, or in person at the school office via cash, EFTPOS or cheque. Payment must be received by the deadline above to ensure your child's

participation in this incursion.

Refunds:

The decision as to whether the school will or not refund the payment in part or in full depends on whether the school has incurred any costs associated with the

activity.

Destination:

South Pine Sports Complex

Transport:

Bus

Departure/Arrival:

Depart school at 11:00am Return to school at 2:30pm

Coaches:

Mrs Vanessa Stackelberg

Parents who have indicated they are able to assist with AFL may supervise teams during the competition. All parent helpers will have completed mandatory training on child protection.

Wear and Bring:

- Lunch and water bottle. There will be no tuckshop availability
- Appropriate shorts for AFL. E.g. Navy Blue Shorts (school shorts acceptable)
- Mouth Guard (mouth protection is now mandatory for AFL)
- Football boots and socks (no screw in tags)
- Sunscreen
- No jewellery is to be worn (including the taping of earrings)

A jersey will be provided for your child to wear. Girls must wear crop tops under the jersey.

Please ensure that everything is named. We will endeavour to return any lost property to the correct school at the conclusion of each Gala day.

**Medical Needs:** 

Any student requiring medication for the day (eg. EPI Pen, Asthma Puffer) please hand these directly to the coach/teacher. There will be a first aid officer at the venue who will be in charge of administering first aid during competition. Students who take regular medication at school: this will be provided as normal at the regular time by the coach/teacher.

Risk:

Due to the nature of these activities, they carry a medium level of risk. School staff are aware of risks around environmental conditions, activities, demonstrations, facilities, group sizes and adult ratios and effective supervision. All students are advised of the process before starting each activity. Provisions have also been made for any students with a disability and/or medical and/or individual requirements.

Please complete the attached consent form and return to the classroom teacher by 02/05/2025.

For further information about the activity, please contact your child's teacher.

Mr Christian Trajcevski

**HPE Specialist** 

Mr Ed Gordon Deputy Principal

## ACTIVITY CONSENT FORM – NORTH DISTRICT GALA DAYS - AFL

		C	LASS:
<ul> <li>help coordinate the excl</li> <li>respond to any injury or</li> <li>update school records w</li> <li>The information will only be</li> </ul>	amed child/student to pursion; medical condition that where necessary. e accessed by authoris we have vour consent o	rsonal information in this form in order to participate in the excursion; may arise during or as a result of the ex red departmental staff. The information or r we are required or authorised by law to tions.	(cursion; and
associated with the injury medical costs may be co also be covered by your parent/carer to decide th	cation does not have s a result of an accio y, including medical overed by Medicare. provider. Any other e type/s and level of	personal accident insurance cover lent or incident while participating in costs are the responsibility of the palf the parent/carer has private health costs must be covered by the paren private insurance they wish to arrar g whether or not to allow the child/st	the activity, all costs arent/carer. Some incidental in insurance, some costs may t/carer. It is up to the
<ul> <li>I am aware that the children/students</li> <li>I give consent for</li> <li>I will pay to the south the excursion.</li> <li>I agree to and uned the event of an areatment the children assistance or treatment the full have provided the registration/enrolned.</li> <li>I give consent for</li> </ul>	the information confol home in the department does in the named child/stuchool the costs detail derstand the refund a accident or illness, ild/student may reason all reasonable costs atment (including any ill amount of those come school with all relement and where relement and where relement contacts.)	tained in this form in relation to the entering and the personal accident insurant adent, to participate in the identified alled in this consent form for the child policy as it applies to this excursion school staff may obtain or administed analy require, including contacting its incurred by the department in obtain transportation costs) and undertaken	ce cover for excursion. //student's participation in (see Excursion costs) er any medical assistance or their doctor. aining such medical e to reimburse the
	Name: Phone number: Email address:		