Marylin Terrace Eatons Hill Q 4037

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## Term 4 North District Gala Days - Gymnastics

4 October 2024

Dear Parent/Carer,

During Term 4 students will be participating in Gymnastics as part of our School Gala Days.

DATES:	1/11, 8/11, 15/11 (no wet weather reserve days)				
HOURS:	Depart school 11:00am				
	Return to school 2:30pm				
DESTINATION:	Albany Creek Gymnastics Centre, Southpine Sports Centre				
TRANSPORT:	Bus				
COST:	\$39.00				
COACHES:	Tracey Hoffmann				
	Parent helpers are welcome. All parent helpers will have completed mandatory training for volunteers.				
REQUIREMENTS:	<ul> <li>Lunch and water bottle. There will be no tuckshop available.</li> <li>School hat and uniform.</li> <li>Appropriate clothing for Gymnastics. (Bike Pants and T-shirts recommended, girls are encouraged to wear a crop top under their attire)</li> <li>Please ensure that everything is named (name and school). We will endeavour to return any lost property to the correct school at the conclusion of each Gala day.</li> </ul>				
RISK:	Due to the nature of this activity it carries a medium level of risk. School staff are aware of risks around environmental conditions, equipment, facilities, team sizes and effective supervision. Provisions have also been made for any students with a disability and/or medical and/or individual requirements.				
MEDICAL:	Any students who require medication for the day (eg Ventolin, Epipen) will need to ensure their teacher is aware of these requirements and appropriate paperwork has been completed. All medication will be kept with the teacher. Students who take regular medication at school: this will be provided as normal at the regular time by the teacher.				
PAYMENT:	Permission form must be returned to the classroom teacher by 25/10/2024  Payment is due by 25/10/24  PAYMENT METHODS: Preferred methods are via QParents, BPoint, and EFTPOS (only available in the office).  Please assist by doing the following:				
	<ul> <li>Sign, date and return the attached Activity Consent Form to signify your permission.</li> <li>Pay by the due date, under no circumstances will any late payments be received.</li> </ul>				

	Parents/Caregivers, please be aware that QParent and BPoint payments can take up to 24 hours to be processed, so please make sure all payments are processed at least two days before the payment due date.
ACTIVITY RISKS AND INSURANCE:	Please note that the Department of Education 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 also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the student to participate in this activity.
REFUND GUIDELINES FOR SPORT:	A school fee is directed to the purpose for which it is charged. School fees for sport are calculated on a cost recovery only basis, according to the number of students who have indicated their attendance, district fee and bus transport costs. Participation of students in the North District Gala Days is indicated through payment of the fee associated with this activity outlined above and provision of a permission form completed by the parent/carer. If a parent/carer wishes to apply for a refund due to their child's non-participation in the Gala Days, they may do so by completing a Request for Refund form available from the school office. Where possible, the request should include the receipt relating to the payment for which a refund is being sought.

If you wish for your child to participate in the activity, please complete the consent form and return to the classroom teacher.

Yours sincerely

Mr Christian Trajcevski, Mrs Kate Naesar & Miss Mia Blair

HPE Teachers

Eatons Hills State School

Mr Ed Gordon

Deputy Principal Eatons Hills State School

## **Term 4 North District Gala Days – Gymnastics**

STUDENT NAME:		CLASS:	
<ul> <li>obtain consent for the named</li> <li>help coordinate the excursion;</li> <li>respond to any injury or medic</li> <li>update school records where n</li> <li>The information will only be acce</li> </ul>	student to participate i al condition that may o ecessary. ssed by authorised dep onsent or we are requir	information in this form in order to: in the excursion; arise during or as a result of the excursio partmental staff. The information will no red or authorised by law to do so e.g. in o	t be disclosed to any other perso
an accident or incident while par responsibility of the parent/carer health insurance, some costs ma up to the parent/carer to decide	ticipating in the activit	occident insurance cover for students. If y, all costs associated with the injury, inclical costs may be covered by Medicare. Our provider. Any other costs must be comprished in the costs must be continuated in the cost of private insurance they wish to arrange ow the student to participate in this action.	cluding medical costs are the If the parent/carer has private overed by the parent/carer. It is to cover their child. Please take
<ul> <li>I am aware that the dep</li> <li>I give consent for the na</li> <li>I will pay to the school the</li> <li>I agree to and understar</li> <li>In the event of an accide student may reasonably</li> <li>I accept liability for all refined (including any transport)</li> <li>I have provided the school and where relevant have</li> </ul>	ormation contained in artment does not have med student, to partice the costs detailed in this ad the refund policy as ent or illness, school start arequire, including contasonable costs incurrent ion costs) and understol with all relevant details updated this information of the contact information.	this form in relation to the excursion (in a personal accident insurance cover for sipate in the identified excursion. It is consent form for the student's participate it applies to this excursion (see Excursion aff may obtain or administer any medicatacting their doctor. It is department in obtaining such that the test to reimburse the department the futails of the student's medical or physical	students.  pation in the excursion.  on costs)  al assistance or treatment the  medical assistance or treatment  ull amount of those costs.  needs on registration/enrolmen
	Name: Phone number:		
Parent/Carer	Email address:		
	Signature:		Date:
	s of any new or update	ild at registration/enrolment. This inforned medical information which may affect	