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EATONS HILL STATE SCHOOL

NORTH DISTRICT GALA DAYS - GYMNASTICS

13/10/2025

Dear Parent/Carer,

During Term 4, we will be participating in Gymnastics as part of our North District School Sport Gala Days.

Date: 31/10, 7/11, 14/11 (wet weather 21/11)

Activity Costs: $35

Payment Deadline: 27/10/2025

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: Albany Creek Gymnastics Centre
South Pine Sports Complex

Transport: Bus

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

Coaches: Mrs Tracy Hoffmann and Mrs Kirsty Hearn

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

Wear and Bring:

- Lunch and water bottle. **There will be no tuckshop availability.**
- Hat
- School sports uniform and shoes. Clothing appropriate for gymnastics may be worn (bike pants).
- **No jewellery is to be worn** (including the taping of earrings)
- Hair tied back.

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: Students who take regular or as needed medication at school: this will be provided at the normal time by the coach/teacher. Teachers will carry medication and first aid packs.

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.

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

Mrs Kate Naeser
HPE Specialist

Mrs Allira Campbell-Jeffery
Deputy Principal

ACTIVITY CONSENT FORM – NORTH DISTRICT GALA DAYS - GYMNASTICS

STUDENT NAME: _____ CLASS: _____

Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- *obtain consent for the named child/student to participate in the excursion;*
- *help coordinate the excursion;*
- *respond to any injury or medical condition that may arise during or as a result of the excursion; and*
- *update school records where necessary.*

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

Activity risks and insurance

The Department of Education does not have personal accident insurance cover for children/students. If a child/student 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 the parent/carer has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer 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 child/student to participate in this activity.

Consent

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the excursion (including any attached material)
- I am aware that the department does not have personal accident insurance cover for children/students.
- I give consent for the named child/student, to participate in the identified excursion.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the excursion.
- I agree to and understand the refund policy as it applies to this excursion (see Excursion costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration/enrolment and where relevant have updated this information.
- I give consent for child/student contact information to be shared in relation to this excursion in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer	Name:		
	Phone number:		
	Email address:		
	Signature:		Date:

Additional medical information

The school collected medical information about your child at registration/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 excursion described in the form.

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