**PORT STEPHENS PSSA**

**PARENTAL CONSENT FORM**

I hereby consent to my son / daughter / ward attending the **Zone Swimming** trials to be held at **East Maitland Swimming Pool** on **Tuesday 27th February** meeting at **9:00am** for **9:30am** start and **2:30pm** approximate finish time.

***(All details are to be completed)***

**SECTION 1 PARENTAL CONSENT**

SURNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POST CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2 MEDICAL INFORMATION** (To be completed by Parent/Guardian)

1. Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Private Medical Insurance: a) Medical Fund \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b) Fund Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you contribute to the NSW Ambulance Scheme? Yes / No

4. Date of last Tetanus Vaccination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Any other relevant medical history that may be important for our information. ie allergy to a particular drug, asthma etc

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and Caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, zone, area and state school sports association when deciding whether additional insurance cover, above that provided by Medicare is required. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.  
  
Concussion Clearance**

**The Australian Medical Association recommends students being symptom free of concussion for 14 days before returning to sport. If your child/ward sustains a concussion, or experiences any concussion symptoms, in the 14 days period prior to the event commencing, you must report this to team officials, and a medical clearance is required in order for your child/ward to participate in the event. Medical clearances can be attached to this consent form or can be submitted to team officials separately.**

**Qualifying for Hunter**

**The Port Stephens Zone Swimming Carnival is a pathway event for competitive swimmers. Due to this, the top 16 fastest times from all Zone carnivals in our region for each event will qualify for the Hunter Swimming Carnival. This will mean there are no automatic qualifiers for finishing in the top 3 at our Zone carnival.**

**SECTION 3 SCHOOL FORM (**To be completed by School’s Principal or Executive)

STUDENT‘S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY PSSA Sporting Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I certify that the student whose details appear on this form is enrolled at this school.
* I have verified that the date of birth as stated on this form is correct.
* He/she has the school authority to represent on this occasion.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/ Executive

NOTED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sports Organiser

**SECTION 4 PARENT CONSENT** (To be signed by Parent/Guardian)

* **I have read the information issued and I hereby consent to my child participating in this event.**
* **I understand my child will be under the supervision of the Team Manager/Manageress and will not be allowed to visit friends and relatives without my written permission and the authority from the Team Manager/Manageress.**
* **I have sighted the enclosed Code of Behaviour and agree that if my child/ward seriously contravenes behaviour expectations, he/she may be immediately excluded from the event. Should this eventuate, I accept full responsibility for my child/ward upon notification of his/her inclusion by the Team Manager/Manageress.**
* **In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I hereby give my permission for the administration of an anaesthetic, if deemed necessary by the medical officer attending. I accept full responsibility for all expenses incurred.**
* **To the best of my knowledge, my child has no medical condition or injury which places them at risk in participating in this sport activity.**
* **Forms need to be retained by the attending teacher but if there is no attending teacher forms need to be forwarded to the Convenor.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**   **Date**

**PLEASE ENSURE: That all details are listed and this form should be correctly filled in by Parent/Guardian of the competitor and returned to the school attended for the Principal/Executive to sign.**

**Convenor: Zac McGregor Venue: East Maitland Swimming Pool**

**Date of the Event: 27th February Time: 9:30am event start**

**Website Link: https://portstephens.primarysport.com.au/events/zone-swimming-carnival/**

**Young people involved in sport have a right to participate in a safe and supportive environment.**

**PLAYERS, TEACHERS, COACHES AND SPECTATORS**

**CODE OF CONDUCT**

* The goals of the game are to have fun and improve skills. Be modest in success and generous in defeat.
* Play for the fun of it.
* Play by the rules and always respect the decisions of officials.
* Make no criticism either by word or gesture. Deliberately distracting or provoking an opponent or player is not acceptable or permitted in any sport.
* Be a good sport. Applaud good performance and effort from all individuals and teams. Congratulate all participants on their performance regardless of the game’s outcome.
* Condemn unsporting behaviour and promote respect for opponents.
* Condemn the use of violence in any form.
* Respect the rights, dignity and worth of all participants regardless of their gender, ability, culture background or religion.
* Place the safety and welfare of the participants above all else.
* All school sport events are alcohol and smoke free zones.

**I have read the above Code of Behaviour and agree to abide by this code to the best of my ability.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature**  **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature Date**