



Wednesday 24<sup>th</sup> November

Dear Parents/Carers,

Please complete the attached permission note and medical information and upon completion return it to Mr. Nash no later than Friday Wednesday 1<sup>st</sup> December.

<b>Title</b>	MTB Singleton competition 2021
<b>Brief Description</b>	<p>Teams will be made up of 2-3 riders and will have one rider on the track at a time. The team who completes the greatest number of laps in the given time wins. There will be fantastic prizes on offer pending final sponsors.</p> <p><b>Production schedule / Run sheet</b>          6:30 am Registration          8:45am Rider briefing          9:00am Start – 1<sup>st</sup> wave of Primary age riders          10:30am Course is closed for further laps          11:00am Presentations</p>
<b>Venue</b>	272 Maison Dieu Rd, Singleton NSW
<b>Day and Date</b>	<b>Friday 10<sup>th</sup> December (Term 4 Week 10)</b>
<b>Cost</b>	<b>\$25</b> and the following is included – professional timing, insurance through Mountain Bike Australia and custom named number plate.
<b>Time of departure and return</b>	Students will make their own way to Singleton by private transport. Riders should be at the venue/track by <b>7:45am</b> . The competition should be finished by 11:30am.
<b>Transport</b>	Private transport
<b>Accompanying staff</b>	Mr Nash
<b>Staff member with CPR training &amp; emergency care training</b>	Mr Nash
<b>Dress requirements</b>	<p>Students will need to bring the following: An Australian Standards Approved bicycle helmet, a mountain bike in good working order, drink bottle, snacks, lunch and morning tea.</p> <p>Students should wear their school sports uniform to venue and will be able to change into appropriate mountain bike riding gear.</p>
<b>Organising Teacher</b>	Mr Nash

*In line with the 'School Positive Behaviour for Learning Program (PBL)' any child whose behaviour is deemed unsatisfactory will be withdrawn from this planned activity. This decision will be made by the Senior Executive after referral from the organising/class teacher. The parents and child will be informed if attendance is refused*

*Parents please note there is no personal injury insurance cover provided by the NSW Department of Education 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 sport associations when deciding whether additional 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.*

## Excursion Consent Form

MTB Singleton Competition 2021

Permission note due by Wednesday 1<sup>st</sup> December to Mr. Nash

### General Permission Details

I give permission for my child \_\_\_\_\_ of Class \_\_\_\_\_ to attend the MTB Singleton competition, Singleton on Friday 10<sup>th</sup> December 2021.

I understand that travel to and from the event will be by private vehicle.

☐ I can provide transport for my own child/ren only.

☐ My child needs transport to 272 Maison Dieu Rd, Singleton from Kariong Public School and back.

☐ I am **able** to assist with transport. I can transport \_\_\_\_\_ students in addition to my \_\_\_\_\_ own child. I have comprehensive insurance with \_\_\_\_\_ and this Policy indemnifies the Crown.

☐ I have completed, signed and given to the school office a current Working with Children Declaration. **If you are assisting in transporting children other than your own, you must complete this form. These can be obtained from the office and must be filled in prior to this activity.**

**List existing medical conditions or illnesses (include anaphylaxis, asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.**

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

**Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions**

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

☐ I give/do not give permission for my child to receive medical treatment in case of emergency.

Parent/Carers name \_\_\_\_\_ Contact number on the day \_\_\_\_\_

Parent/Carers signature \_\_\_\_\_ Date \_\_\_\_\_

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