



Liverpool Zone Primary School Sports Association

LIVERPOOL ZONE TRIALS

SPORT: U11's Rugby League

Convener: Mr Grant Withers (Hammondville PS)

Please inform capable students that Liverpool Zone will be holding trials for ***U11's Rugby League***.

Date: Friday 22 March – 22/3/24 - Week 8

Venue: Hammondville Oval - Heathcote Rd, Moorebank NSW 2170

Time: 3:45pm – 5:00pm

Cost: Nil.

What to bring:

1. Appropriate rugby clothes i.e. jersey, shorts, long socks and boots
2. Water bottle
3. Mouth guard
4. Additional gear optional e.g. headgear, shoulder pads
5. Completed permission note.
6. If applicable, a Health Care plan attached to this note (or emailed to the convener prior to the trial). Due to WHS regulations students without a copy of their health care plan will NOT be able to trial.

Please fill in the following permission note and bring it to the trials.

Thanks,

Zone Convener/Coach

Grant Withers (Hammondville PS)

Zone President

Matthias Wann



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1. STUDENT DETAILS

Student's name: _____ School: _____
Date of Birth: _____

2. MEDICAL DETAILS

Medicare number: _____ Expiry: _____

Date of my child's last tetanus injection: _____

My child is allergic to _____

Does your child have an ASCIA action plan?

- Yes (a copy must be attached)
 No

Has your child suffered a head injury/concussion in the last 10 days?

- Yes (a copy must be attached)
 No

Please detail any medical or special needs which the team manager should be aware of, including any behaviour management or other specialised plans (copies of plans to be attached). _____

3. PERMISSION TO PUBLISH

I have read the information about disclosing and publishing student information (please see next page) and:

- I give permission I do not give permission

4. PRINCIPAL'S DECLARATION

Permission from the school has been granted for _____ to attend the trial.

Signed (Principal or School Representative) _____

Date: _____ School stamp: _____

5. PARENT/ CAREGIVER CONSENT

- I consent to my child participating in this event under the supervision of Team Manager/s and in accordance with the enclosed Code of Conduct.

- 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 accept full responsibility for all expenses incurred.

Signed (Parent/Caregiver): _____ Date: _____

Mobile: _____



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IMPORTANT INFORMATION (UPDATED MAY 2022)

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation.

Parents/Carers are advised to assess the level and extent of their child/ward's involvement in the sport program offered by the school, school sport zone, region and state school sport Associations when deciding whether additional insurance cover is required prior to their child/ward's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

Parents/Carers who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements, as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>. Further information regarding student accident insurance and private health cover is provided at: <https://app.education.nsw.gov.au/sport/file/1449>.

CONCUSSION CLEARANCE (UPDATED MAY 2022)

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.

PRIVACY NOTICE

The personal information provided on this permission note, will be used by the Department of Education for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the team management.

PUBLISHING STUDENT INFORMATION

The Department of Education may publish or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community.

This information may include your child's name, age, information collected during this event such as photographs, sound & visual recordings of your child.

The communications in which your child's information may be published or disclosed include but are not limited to:

Public websites of the Department of Education including the School Sport Unit website at—<https://app.education.nsw.gov.au/sport/>—the Department of Education intranet (staff only), blogs and wikis.

Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department's websites

Official Department and school social media accounts on networks such as YouTube, Facebook and Twitter.

Local and metropolitan newspapers and magazines and other media outlets.

Parents should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.



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LIVERPOOL PSSA CODE OF CONDUCT

Players, Teachers, Coaches and Spectators Code

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

- 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 efforts 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, cultural background or religion.
- Place the safety and welfare of the participants above all else.



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RUGBY LEAGUE/RUGBY UNION CONSENT FORM

The Principal/School Sport Organiser, _____ Public School.

I give permission for my child or ward _____ (Full name) to play rugby league/rugby union as part of the intra and inter-school sport program of the school. If my child is selected to play in trials and representative games at the zone and association level, I understand that I will be notified, and my permission sought.

While I appreciate the efforts made by the school to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what is essentially a body contact sport. I understand that the wearing of a correctly fitted mouthguard is mandatory in all games and training sessions.

Under no circumstances should my child/ward be allowed to play/trial in the following positions:

Parent or caregiver's name: _____ (please print)

Signature: _____ Date: _____
