



Bass Hill Public School

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Basketball Tournament

Dear Parents and Carers,

Your child has been selected to represent our school in the Primary Schools Tournament hosted by the Bankstown Basketball Association.

Students will play three round games and then if successful, semi-finals and finals. They will be competing against teams from other primary schools in the wider Bankstown District and whilst winning is always a bonus, our focus is on participation, inclusion, fair play, skill development and enjoyment.

The canteen will be open on the day for students to purchase food and drinks, however, they should come with lunch, fruit and plenty of water. Parents are also welcome to attend for all or part of the day.

When: Monday 21 October 2024

Time: 8:15am to 3:00pm

Where: Bankstown Basketball Stadium, Condell Park

How: Students will travel to and from the venue by bus. The bus will leave school promptly at 8:15am and will collect students at 2.45pm.

What to Wear: School Sports Uniform

What to Bring: Lunch, fruit and plenty of water.

Cost: \$10 (Stadium entry fee).

Please complete all sections of the attached note, then sign and return with payment to the office.

Looking forward to a great day,

Mr Nashabe.

Concussion acknowledgement

If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during a school activity, they will be removed from the activity and medical follow-up recommended.

Personal injury statement

I can confirm that I understand that, 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.

Representative School Sport Pathway

Concussion acknowledgement

I acknowledge that if my child has sustained a concussion in the lead up to the event, I must provide medical clearance to the school or the supervising teacher prior to competition commencing.

I understand that if my child sustains a concussion or suspected concussion during an NSW Department of Education sporting event, they will be removed from competition until medical clearance is provided to the supervising teacher.

Personal injury statement

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.

For events outside NSW, parents/carers who have private ambulance cover are advised to check that their cover extends to interstate travel.

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>

----- please return this part to school -----

**Parent / Carer Consent –
Primary Schools Basketball Tournament
Monday 21 October 2024**

Student medical details

Medicare number _____ Expiry date: _____

Please detail any medical or special needs which the supervising teacher should be aware of.

Parent/Carer details

First name: _____ Surname: _____

I give permission for my child/ward _____
of Class _____ to attend and participate in Primary Schools Basketball Tournament, on
Monday 21 October 2024, at Bankstown Basketball Stadium. I understand my child will travel by bus to
and from the venue.

Payment

Please find enclosed payment for my child _____ of class _____ to participate
in the Primary Schools Basketball Tournament.

I have enclosed the full payment of \$10.

SIGNED: _____ **DATE:** _____

Parent/Carer Acknowledgment and Consent

- I have read the information provided in the itinerary and I hereby consent to my child/ward participating in this excursion.
- I acknowledge that this excursion is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures.
- I acknowledge and accept that there is a risk that my child/ward may be exposed to COVID-19 whilst attending and participating at this excursion.
- I confirm that my child will not attend if displaying symptoms of illness, and/or if directed to isolate under public health orders.
- I acknowledge that my child/ward will be under the duty of care of the supervising teachers.
- I acknowledge that if my child/ward seriously contravenes behavioural expectation, they may be immediately excluded from the excursion. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the supervising teacher, including the cost return transport and accommodation.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child/ward may require. I accept full responsibility of expenses incurred.
- I acknowledge that if my child/ward sustains a concussion, or experiences any concussion symptoms, in the 14-day period prior to the excursion commencing, I am required to report this to the organising teacher. I further acknowledge that, should this occur, my child/ward will only be permitted to participate in the planned activities, if a medical clearance is provided.
- I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk by participating in this sport activity.

SIGNED: _____
Parent/Carer Date

PHONE: _____