Online Form | Bonnyrigg High School



## Online Form - Whole School Swimming Carnival 2025

Activity Name:	Whole School Swimming Carnival 2025
Date/Time:	Wednesday 12 February 2025 8:30am - 3:00pm
Description:	Compulsory event for the whole school to participate at the Bonnyrigg High School Swimming Carnival and Aquatopia rides.
Cost:	\$50.00
Venue:	Priairewood Leisure Centre (Prairie Vale Rd &, Moonlight Rd, Prairiewood NSW 2176)
Start Location:	Bonnyrigg High School
End Location:	Bonnyrigg High School
Transport:	Buses
Uniform:	Sports uniform with swimming attire underneath
Food:	Kiosk available at the venue
Due Date:	Monday 10 February 2025

Test View and Edit Template 1. EXCURSION - with cost

\* indicates a required field

Excursion conditions: I have read the information provided and I hereby consent to my child/ward participating in this event. Full specified uniform being worn on the day of the excursion. Full payment (if applicable) for the excursion by the date shown below. 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 any sport or activity. • I acknowledge that this event/activity 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 event. • 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 if my child/ward seriously contravenes behavioural expectation, they may be immediately excluded from the activity. Should this eventuate, I accept full responsibility for my child/ward upon notification of their exclusion by the organising teacher including the

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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 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. • 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. • 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 activity. I have read the above details and give consent for my child, to attend the Whole School Swimming Carnival 2025 \*

Student Name:

Parent/Carer Name: \*

Parent/Carer Phone Number: \*

**Emergency Contact Name: \*** 

**Emergency Contact Phone Number: \*** 

Medical conditions/information relevant to the activity (including any medication required):

In relation to the proposed water activities, I advise that my child is a: \*

• Non swimmer: My child is unable to swim

• Weak swimmer: My child is not a confident swimmer or is not comfortable in the water

• Average swimmer: My child is a reasonable swimmer but is not very strong or confident in deep or fast water

O Strong swimmer: My child is a strong swimmer and is very confident in deep or fast water

I have completed the above information regarding water activities and: \*

- I consent to my child participating in the water activities
- I do not consent to my child participating in the water activities

## Parent/Carer Signature: \*

**Please note:** Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.