



Summer Sport Trials - Basketball (27/10/2025)

Dear Parent/Guardian

An event, Summer Sport Trials - Basketball, has been planned for Monday, 27 October 2025.

Your child has indicated that they would like to participate in the 2025 Zone Summer Sports Selection Trials - Basketball. Students MUST have played basketball regularly, outside of school in a local team, to be considered for the selection process.

Date/Time

Venue

Monday, 27 October 2025 (8:45 AM to 3:15 PM) Port Macquarie

Dress Code - Students are able to wear school uniform or their basketball clothes. Whatever they feel most comfortable in. Please ensure all clothing is labelled clearly.

Transport Travel: OWN TRANSPORT (parent responsibility)

Staff member in charge: Kimberley LATIMORE

Consent: Required, due by Wednesday, 22 October 2025

Consent can be provided online through your school's parent portal (<https://wauplism-nsw.compass.education>), or alternatively by returning the form below to Online Consent Only.

Date: Monday 27 October 2025

Basketball

Venue/s;

Port Macquarie Basketball Stadium

COST: Nil

Transport: Own Transport to and from event.

Time: The event will run from 9:30 am - approximately 1:00 pm.
Please arrive prior to 9:30 am to be organised and ready to go.

- Students are required to take a **size 6 basketball**
- Students must take a full packed lunch and ample water
- If you require more information regarding Zone Events - please search Hastings Zone Sports on Facebook. If events are postponed/cancelled due to weather, a message is posted on this page early.

St Joseph's Primary School - Wauchope
Summer Sport Trials - Basketball (27/10/2025)



Consent form for Compass Support (JDLF)

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As the parent or legal guardian of Compass Support give,



1. Consent for Compass Support to

- a. **Attend the official school event so described**
- b. **Participate in all activities, outings, trips and functions arranged as part of this event**
- c. **Travel on or in any form of public or private transport where such transport is deemed by the school to be necessary or desirable for the safe conduct of the event,**

2. Consent for the school by its servants or agents;

- a. **To administer first-aid and seek medical or dental advice in the event of injury or illness**
- b. **To give attention or treatment, if in the opinion of an attending medical practitioner or medical officer ('health practitioner') Compass Support requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, or the performance of any surgical operation) provided that reasonable efforts are made to inform me of any serious injury or illness,**

3. Certify and understand that:

- a. **The School will not be responsible for the costs of any medical or dental attention or treatment administered to Compass Support in said event nor will it be directly responsible for any act or omission of any health practitioner attending or treating Compass Support**
- b. **If Compass Support should bring, supply or consume drugs, alcohol, cigarettes, weapons or exhibits inappropriate behaviour, or behaviour that endangers themselves or others, I will bear the full cost of return transport home for Compass Support and any adult supervisor that may be required to ensure the safety of Compass Support during that transport, as well as costs associated with breakages or damaged caused by Compass Support**
- c. **In the case that this event is postponed to a future date, this consent will be taken to apply to that future event, unless consent is withdrawn in writing, to the school and excursion, camp or event fees will not be refunded.**
- d. **I am consenting to the use of my "name" as an electronic signature and consent to attend in lieu of an original signature on paper. I am signing this "consent to attend" voluntarily and recognise that my "name" and/or "payment" serves as complete and unconditional release of all liability to the greatest extent allowed by law and a withdrawal of consent to use an electronic signature can only be made in writing to the school.**

Details of allergies and/or medication currently being taken:

Emergency Phone Numbers:

Parent A _____ Parent B _____ Guardian _____
 Phone Number _____ Phone Number _____ Phone Number _____

Parent/guardian signature (consent/agreement): _____ Date: ____/____/____

