



## Surf Education and Surfing Program Term 4 2022

We are offering a very exciting chance for Stage 3 students to participate in a Surf Education and Surfing Program in Term 4, 2022.

This program runs for six consecutive Fridays commencing November 4<sup>th</sup> until December 9<sup>th</sup> inclusive. Students will participate in a variety of activities in and around the surf, learning about ocean safety, surf safety and awareness, body boarding and surfing.

Sport: Surfing and Body Boarding  
Education: Surf and Beach Safety  
Award: Level 1 Safe Surfing Award (Surfing Australia)  
Dates: **November 4, 11, 18, 25, December 2, 9, 2022**  
Location: Kingscliff Beach  
Time: 1:15PM – 2:15PM  
Cost: **\$108.00** (\$18.00 per student X 6 lessons)  
Education Hardship funds can be utilised for this activity (if available).

Transport to Kingscliff beach is by bus, students will be accompanied by teachers. Bus levy will be subsidised by the school.

All equipment including wetsuits and qualified surfing coaches supplied by Tweed Coast Surf School.

**Students need to bring:** Swimmers  
Towel  
Rashie or wetsuit  
Change of clothes and thongs to wear to the beach.

***PLEASE ENSURE ALL ITEMS ARE CLEARLY LABELLED WITH YOUR CHILD'S NAME***

**Friday lunch orders** – All orders must be clearly marked SURFING to ensure they are prepared in time.

Please complete the attached consent forms for both Cudgen Public School and Tweed Coast Surf School and return it to the office with payment by **Friday October 28th, 2022**.

Amber McEwan  
Sports Co-ordinator

Renee Beach  
Principal



## Surf Education and Surfing Program – Consent Form

I give permission for my child.....of class .....to travel by bus accompanied by Cudgen PS teachers to and from Kingscliff Beach to participate in Surf Education and Surfing Program on Friday November 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup>, December 2<sup>nd</sup>, and 9<sup>th</sup>, 2022.

### Declaration by parent/carer

1. In relation to proposed swimming activities, I advise that my child is a:

(Tick one box and leave all others blank)

- ☐ **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.
- ☐ **Strong swimmer** – my child is a strong swimmer and is very confident in deep or fast water.

2. In relation to the proposed swimming activities, I advise that:

(For each line, tick one box and leave the others blank)

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| a. My child can tread water    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. My child can float on water | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### Medical

In the event of injury or illness, I also authorise (on my behalf) the seeking of such medical assistance that my child may require. Special needs of my child of which you should be aware (eg. allergies, sensory impairment, etc).

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Please tick one:

- ☐ I **give** permission for my child to receive medical treatment if necessary
- ☐ I **do not** give permission for my child to receive medical treatment if necessary

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 may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.



## Concussion Clearance

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 day 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.

## Important information

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'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's involvement in the program. Personal accident insurance cover is available through normal retail outlets.

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>.

### Payment method:

- ☐ I have enclosed \$108.00
- ☐ I have paid \$108.00 by Eftpos at school
- ☐ I have paid \$108.00 using Parent Online Payment. Receipt number: \_\_\_\_\_
- ☐ I would like to pay \$108.00 using Education Hardship Funds

\_\_\_\_\_  
Parent/ Caregiver Name

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date