**NORTHERN RIVERS ZONE PSSA**

**CROSS COUNTRY CARNIVAL**

**VENUE:** Corndale Public School – Woodlawn Road, North Lismore NSW 2480

**DATE:** Friday 30th May 2025

**CARNIVAL CONVENOR:** Amanda van den Berg

 Dunoon Public School Ph: 6689 5208

**LEVY:** **$5:00 per student**. To be paid to your school.

**AGES:** The age of a competitor is determined as the age they turn in 2025

**SCHEDULED PROGRAMME:**

|  |  |  |
| --- | --- | --- |
| **Time** | **Details/Event** | **Distance** |
| 10.00am | Teams arrive NO later than 10am | Nil |
| 10.15am | Walk the course | Nil |
| 10.30am | Team Managers Meeting | Nil |
| 10.45am | 8/9 year boys including Para Athletes  | 2000m |
| 11.05am  | 8/9 year girls including Para Athletes | 2000m  |
| 11.25am | 10 year boys including 11/12/13 years Para Athletes | 2000m  |
| 11.45am  | 8/9 year girls including 11/12/13 years Para Athletes | 2000m  |
| 12.05pm | 11 year boys  | 3000m |
| 12.25pm | 11 year girls  | 3000m |
| 12.45pm | 12/13 year girls  | 3000m  |
| 1.05pm | 12/13 year boys | 3000m  |

**Presentations will be made after each event.**

**Times are estimations – please ensure you are ready for your event when called for marshalling.**

**All competitors are to compete in School/District sport/athletics uniform. Shoes are compulsory- No Spikes.**

**ENTRY CONDITIONS:**

1. Competitors will receive a ticket with his/her position in the race on it.

2. Each District/School may enter runners according to the following guidelines:

500+ students 6 entries per age division

 400+ students 5 entries per age division

 Less than 400 students 4 entries per age division

3. The first six (6) places in each division will be eligible for Zone Team Selection. (See below for details)

4. Each District must supply a minimum of two (2) teachers. One to act as an official on the course and the other to be the team manager.

5. Multi-Class entries. Each School/District may enter 2 Para Athlete students per event. Students must choose whether they run as a Para Athlete or as an able bodied athlete – they cannot compete in both.

**Events to be run as Para Athlete events**

8/9 years boys Para Athletes 2000m 8/9 years girls Para Athletes 2000m

10 years boys Para Athletes 2000m 10 years girls Para Athletes 2000m

11 years boys Para Athletes 2000m 11 years girls Para Athletes 2000m

12/13 years boys Para Athletes 2000m 12/13 years girls Para Athletes 2000m

**Events may be run concurrently with their peers**

**All Multi-class races are 2000m (2km) events.**

**CROSS COUNTRY RULES**

1. Footwear MUST be worn by all competitors. NO spikes are permitted.
2. No pushing, tripping or interference with other competitors is allowed.
3. No competitor is to receive any assistance or refreshments etc. during the race. A competitor may carry their own drink or asthma puffer.
4. Competitors must run around the OUTSIDE of any markers.
5. Competitors should wear their schools’ sports uniform or district uniform during the race. Children should **NOT** wear Northern Rivers, North Coast or NSW singlets.
6. Spectators are not to be on the course.
7. Any parent/guardian, whose behaviour, regarding disputes, is unacceptable to the NR Organising Committee, may be placing their child’s future representation in jeopardy.

**NORTH COAST REGIONAL PSSA CROSS COUNTRY CARNIVAL**

The North Coast Regional PSSA Cross Country Carnival will be held at Nana Glen Sport Recreation and Equestrian Centre on **Friday 13th June 2025.** Northern Rivers’ competitors must travel privately to this carnival as NO bus transport or billeting arrangements will be organised by the NR Zone PSSA.

Every Northern Rivers Zone PSSA competitor will be required to pay a team levy which will include a running singlet.

# NRPSSA ZONE CARNIVAL

# REPRESENTATIVE CONSENT FORM

**ATTENTION PARENTS**! This completed Consent Form and levy should be returned to your school.

**EVENT**: NRPSSA Cross Country

**DATE/S**: Friday 30th May 2025

**TIME**: 10.00AM – 2.00PM

**VENUE**: Corndale Public School – Woodlawn Road, North Lismore NSW 2480

**COST:** $5:00 per student – payable to your school

**TEAM MANAGER**: Amanda van den Berg – Dunoon Public School

**Tel:** 6689 5208

**Email:** amanda.broadbent@det.nsw.edu.au

**Student Details** (Please print clearly)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male / Female / Other (please circle one option)

**Parent/Carer Details** (Please print clearly)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W/H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Medical Details**

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The date/year of my child’s last tetanus injection was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have Private Health Insurance? **YES or NO** (please circle)

Private health Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Health Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child/ward is allergic to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if your child has:

Asthma YES / NO

Anaphylaxis YES / NO

***If YES -*** a medical plan from a Doctor must be attached to this form.

***If YES -*** Relevant medication and/or equipment should accompany the student to the sports trials.

Any medical details or special needs which the team manager might need to know:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance** In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

**Concussion Management:** When a student enrolled in a government school is diagnosed with concussion, the principal must be advised in writing as soon as the diagnosis is confirmed. Students may only return to sport and physical activity once a medical clearance has been provided to the school and, if at a school sport event, to the supervising teacher.

Any student that experiences a suspected concussion during a school endorsed activity, will be removed from the activity and parents/carers will be advised that a medical follow-up is required.

If medical clearance is not provided, the student cannot participate in vigorous or competitive school sport or physical activities for 21 days from the concussion date.

**Permission to publish authority**

The NSW Department of Education (the department) may publish or disclose information about your child for the purposes of event promotion and sharing results. This information may include your child’s name, age and school. It may also include information collected during this event such as photographs, live streaming, sound and visual recordings of your child.

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

* the event program and results
* public websites of the Department of Education including the School Sport Unit website
* 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
* the Department of Education, School Sport Unit and school social media accounts on networks such as YouTube, Facebook and Twitter
* local and metropolitan newspapers and magazines and other media outlets.

Parents/Carers 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.

**Parental Acknowledgement and Consent -** By signing this permission note, I understand that:

* I have read the information provided and give permission for my child to participate in this event.
* I understand the NSW Department of Education Representative School Sport Pathway supports wellbeing, inclusivity and a sense of belonging for all students through sport and physical activity.
* I acknowledge that this event will be held in accordance with current NSW Health and Department of Education policies and procedures.
* I acknowledge that my child will be supervised by Department of Education teaching staff during the event.
* I understand the **‘Accident insurance information’** and **‘Concussion management’** set out above
* I acknowledge that if my child seriously contravenes behavioural expectations, they may be immediately removed from participating in the event.
* I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this event.
* I confirm that my child has the necessary skills and experience to participate in this collision sport at representative level, either through a school-based training/coaching program or a community sports club.
* The wearing of a correctly fitted mouthguard is mandatory in all games and training sessions. My child will bring their own correctly fitted mouthguard.
* While efforts are made to minimise the possibility of injury, there will remain some degree of risk inherent in participation in this collision sport.
* I have read the information about disclosing and publishing student information (above) and:
* I give permission
* I do not give permission

for the department to publish and disclose information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

I understand that if I have not given permission to publish, my child’s name will not appear in event programs and results.

**Travel Details**

My child will travel privately to and from the event with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian) (Date)

**Principal’s Declaration**

* I certify that the student whose details appear on this form is enrolled at this school.
* I have verified that the date of birth as stated on this form is correct.
* He/she has the school authority to represent on this occasion.
* A copy of this consent form will be retained by my school.

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Sports Coordinator) (Date)

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Principal) (Date)

**NORTHERN RIVERS ZONE PSSA**

***School Office use only***

*Payment of the levy has been received from the student and processed by the school. The school will send all levies paid to the school for NRPSSA events to the Northern Rivers PSSA as required in term 3.*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please certify with a school stamp:*

**Students are unable to participate without Principal approval and having paid the levy to their school.**

**CROSS COUNTRY CARNIVAL**

**Entry Form for Students with a Disability**

**Classifications eligible to compete are:**

|  |  |  |
| --- | --- | --- |
| HI | T01 | Hearing Impaired |
| ID | T20 | Intellectually Disabled |
| PI | T11, T12 &T13 | Visually Impaired |
| PI | T37 & T38 | Forms of Cerebral Palsy |
| PI | T45 & T46 | Form of Amputee |

**Qualifying Times:**

There will be no qualifying times for Northern Rivers or North Coast Carnivals, but be aware that qualifying times for the State Championships are as follows:

Primary Boys and Girls

Ages: 8/9 and 10 years is 13 minutes Ages: 11, 12 and 13 years is 13 minutes

**All Para-Athlete races are 2000m (2km) events**

Name: First Family

Age: Birth Date: Gender: Male/Female

School:

School Address: Post Code:

School Phone: School Fax:

Type of Disability

Classification:

Age Group: Entry Time:

Approved By:

 School Principal Date

**EMAIL TO Amanda van den Berg: amanda.broadbent@det.nsw.edu.au by Friday 16th May 2025**

**Student’s entries must be accompanied by documentation confirming disability.**

**For example:**

**NSW Council for the Disabled disability confirmation and classification**

**TF20- Ausrapid classification (information previously sent to schools).**

**Hearing impaired students require a current audiogram**

**Physically disabled students require a current paediatrician’s report / confirmation.**

**This information is required before students can participate. It is a mandatory requirement for students to progress to higher levels of representation.**