**NORTHERN RIVERS ZONE PSSA**

**ATHLETICS CARNIVAL**

**VENUE:** Riverview Park, Bruxner Highway, South Lismore NSW 2480

**DATE:** Friday 22nd August 2025

**START:** 9:00am Teams to arrive no later than 8:45am

**CANTEEN:** A canteen will operate for refreshments and light snacks.

**CARNIVAL CONVENOR:** **Sam Nilon**

 Coffee Camp Public School

 Tel: 6689 9259 Email: samuel.nilon2@det.nsw.edu.au

**ENTRIES CLOSE:** **Wednesday 6th August 2025** District Secretaries/ School Sport Organisers to return completed Entry Sheets to the [Regional Athletics 2025 Nominations Folder](https://schoolsnsw.sharepoint.com/%3Af%3A/s/NorthernRiversZonePrimarySchoolsSportsAssociation/EqZBwj-0RE9Inj6DjrhquxABLn-nqL60M8BHKY4wgb4lVg?e=dJ5fqZ) by the closing date.

**COST:** **$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.

**JUNIORS:**  8, 9 and 10 years

**11 YEARS:** 11 years (11-year-olds are classified as seniors for relay events)

**SENIORS:**  12 and 13 years

**MULTI-CLASS ATHLETES:** Intellectual, Physical and Sensory Disabled events are run as Para Athlete events in two (2) divisions:

Junior (8–10-year-olds) and Senior (11 - 13-year-olds) boys and girls.

**RELAYS:** Junior and Senior Boys/Girls

PP5 and PP6 Relay teams may be any composition of boys and girls.

**PP5:** All children must be enrolled at the same PP5 School with a total enrolment not exceeding 54.

**PP6:** All children must be enrolled at the same PP6 School with a total enrolment not exceeding 25.

A composite relay team may be entered from a district in the boys and/or girls relay section provided that the total enrolment of all schools in the district with students involved in the relay **DOES NOT** exceed 250 K-6 students. ***(Students may only run in one relay event. Students cannot run in a PP5 or PP6 relay and an open relay).***

**ENTRY CONDITIONS: - School or district enrolment numbers K-6 as at Feb 2025.**

**100m & 200m:** Every district/school has **1 automatic competitor**. Schools/Districts can send an additional 2 competitors if they are equal to or better than the

**100m Qualifying times:**

  8yrs Girls: 19.00 sec 8yrs Boys: 17.50

  9yrs Girls: 18.00 sec 9yrs Boys: 16.50

  10yrs Girls: 17.00 sec 10yrs Boys: 16.50

 11 & 12yrs Girls: 16.50 sec 11 & 12yrs Boys: 15.50

**200m Qualifying times:**

  8yrs – 10yrs Girls: 37.00 sec 8yrs – 10yrs Boys: 34.50

  11yrs Girls: 35.00 sec 11yrs Boys: 33.50

12yrs & 13yrs Girls: 34.50 sec 12yrs & 13yrs Boys: 32.00

**Track 800m**  **All Schools/ Districts = 2 competitors per event**

* Track 1500m: One final per event only (based on top 10 entry times) will be conducted in 1500m events. The fastest 10 times per event will be invited to participate. Schools will be notified as soon as entries are finalised from all schools/Districts. Convenor discretion may be used regarding accepting entries into this event.**Relay** <400 students = 1 relay team

 400+ students = 2 relay teams

**PP5 and PP6 relay** 2 per district. Extra teams on application to convenor.

**Heat seedings will occur from School/District times submitted.**

**Field Events: COMPETITORS MUST MEET THE REQUIRED QUALIFYING HEIGHTS & DISTANCES (maximum of 2 Competitors per School/District):**

**QUALIFYING DISTANCES AND HEIGHTS**

**HIGH JUMP** Junior boys 1.10m Junior girls 1.05m

**(Starting Heights)** 11 year boys 1.15m 11 year girls 1.10m

 12/13 year boys 1.20m 12/13 year girls 1.15m

Rises shall be 5cm and 2cm. At the discretion of the steward, rises of 5cm may be continued for the

3rd and subsequent rises if thought advisable.

**DISCUS** Junior boys 16.00m Junior girls 12.00m (500g)

 11 year boys 16.00m 11 year girls 13.00m (750g)

 12/13 year boys 16.00m 12/13 year girls 14.00m (750g)

**LONG JUMP**  Junior boys 3.20m Junior girls 2.75m

 11 year boys 3.30m 11 year girls 3.00m

 12/13 year boys 3.50m 12/13 year girls 3.10m

**SHOT PUT**  Junior boys 6.15m Junior girls 5.20m (2kg)

 11 year boys 6.750m 11 year girls 5.50m (2kg)

 12/13 year boys 6.50m 12/13 year girls 5.30m (3kg)

**OFFICIALS** It is requested that at least **three (3) teachers attend from each district**.

Two (2) teachers are to act as officials at the carnival and one teacher will be the District /School Team Manager.

Each School or District will make internal school arrangements to relieve teachers as no paid relief is available.

**SPIKES & FOOTWEAR** Spikes may be worn in events where children are running in individual lanes. **FOOTWEAR IS COMPULSORY**

Please note that all 1500m, 800m, 200m, 100m & Relay track events will be conducted as timed finals. Races will be seeded based on submitted entry times. The fastest times overall will determine the final positions and results.

There will be **NO** HEATS and FINALS.

**PLEASE SUPPLY:**

* **ALL TIMES IN MINUTES AND SECONDS**
* **ALL HEIGHTS AND DISTANCES IN METRES AND CENTIMETRES**
* **THESE MUST BE SUBMITTED ON** [**ENTRY SHEETS**](https://schoolsnsw.sharepoint.com/%3Aw%3A/s/NorthernRiversZonePrimarySchoolsSportsAssociation/EeAyitZjIf9Ckxc2t1sod4EBpLXqPcM59w8IXnyaJVM_DA?e=CUWrQE) **PROVIDED**
* **Extra entries may be considered on application to convenor.**

**NORTH COAST REGIONAL ATHLETICS CARNIVAL**

The North Coast Regional PSSA Athletics Carnival will be held in **Coffs Harbour** on **Tuesday 9th September, 2025.** Northern Rivers athletes must travel privately to this carnival as NO bus transport or billeting arrangements will be organised by the NR Zone PSSA. Entry to North Coast Regional PSSA Athletics Championships: 4 entries per zone in all running events and 3 entries per zone in each field and relay event. **Please direct all enquiries to the Carnival Convenor**

# NRPSSA ZONE

# REPRESENTATIVE CONSENT FORM

**ATTENTION PARENTS**! This completed Consent Form should be handed to NRPSSA Team Manager at the trials.

**EVENT**: NR PSSA Athletics Carnival

**DATE/S**: Friday 22nd August 2025

**TIME**: 9:00am Teams to arrive no later than 8:45am

**VENUE**: Riverview Park, Bruxner Highway, South Lismore NSW 2480

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

**CARNIVAL CONVENOR**: Sam Nilon - Coffee Camp Public School

**Tel:** 6689 9259

**Email:** samuel.nilon2@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 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)

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***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.**

**NORTHERN RIVERS ZONE PSSA**

**ATHLETICS CARNIVAL**

**Events for students with Disabilities**

Competitors are to complete Para Athlete entry form and forward to Sam Nilon at Coffee Camp Public School by email samuel.nilon2@det.nsw.edu.au

Please Note:

1. The type of disability and classification *must be included*.
2. The competitor's entry time/ distance must be included on the entry form.
3. Events will be conducted as multi-disability events.

For clarification of how classifications work, please contact North Coast School Sports Unit or APC Email: classification@paralympic.org.au  or Phone: 02-9704 0500.

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

***Please attach the following:***

* ***T20 – AUSRAPID classification (info sent to schools previously)***
* ***T01- Latest Audiology Report***
* ***T12 and T13 – Latest Vision Disability Confirmation Reports.***

***These forms are mandatory for students to progress through Para Athlete representative levels.***

**Events to be run as Multi-Class events**

8-10 years Boys / Girls 100m, 200m, 800m – Para Athlete Timed Finals

11-13 years Boys / Girls 100m, 200m, 800m - Para Athlete Timed Finals

8-10 years Boys / Girls Shot, discus and long jump - Para Athlete

11-13 years Boys / Girls Shot, discus and long jump - Para Athlete

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NR PSSA - EVENTS FOR STUDENTS WITH DISABILITIES ENTRY FORM**

NAME: First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                               Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region/Association:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL PHONE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF DISABILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASSIFICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* If not previously classified please contact NSW Council for the Disabled.

1. Event No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry Time/Distance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Event No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entry Time/Distance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Event No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entry Time/Distance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Event No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entry Time/Distance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Event No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entry Time/Distance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Principal         Date:\_\_\_\_\_\_\_\_\_\_\_\_\_