



# Seven Hills West Public School

Respectful, Safe, Responsible Learners

## VARIETY ACTIVATE INCLUSION SPORTS DAY



Dear Parents,

Your child has been invited to participate in the Variety Activate Inclusion Sports Day.

Date: Friday 12<sup>th</sup> August 2022

Where: Blacktown Leisure Centre, Stanhope Gardens.

Time: 10.00am to 1.00pm

In an effort to keep this as a free event, we have sourced a mini-bus from Blacktown Girls High School which can accommodate 20 students and have several teachers who have volunteered to assist with transport if parents/carers are unable to attend.

Kindly complete the attached permission note confirming how your child would be attending this event, together with the required forms from Variety and return by Friday 5<sup>th</sup> August 2022.

This activity has the approval of the Principal.

Mrs B Barber  
Principal (Relieving)

Mrs A Zollinger & Mrs A Soriente  
Assistant Principals Support Unity  
Learning Wellbeing Support Coordinator





# Seven Hills West Public School

Respectful, Safe, Responsible Learners

## SEVEN HILLS WEST PUBLIC SCHOOL VARIETY ACTIVATE INCLUSION SPORTS DAY Friday 5<sup>th</sup> August 2022

I give permission for my child .....of class .....to participate in the Variety Activate Inclusion Sports Day at Blacktown Leisure Centre, Stanhope on **Friday 12<sup>th</sup> August 2022**.

Please indicate below your preference:

- I will drive my child and take them home to the event
- I give my child permission to travel in a teacher's private car or catch a community minibus to and from the event.
- My child will not attend.

Signature:.....

Date: .....

Parent/Caregiver)





### Media / Filming / Photographic Consent Form

(All students must complete as part of school permission notes)

**Event:** Activate Inclusion Sports Day  
**Provided by:** Sport NSW  
Variety – the Children’s Charity NSW/ACT  
Disability Sports Australia

Name of student: \_\_\_\_\_

Name of school: \_\_\_\_\_

I, as named above, consent to Sport NSW and its agents (including but not limited to, any photographer, interviewer, creative agency or media organisation) recording images of me at the event identified above, for promotional purposes.

I consent to these images being used by the event organisers and disclosed to any person or organisation approved by the event organisers, including but not limited to, publishing them as part of a book, poster, brochure or report, newspaper advertisement or article, television advertisement or program, radio advertisement and any other media.

I agree that the event organisers and their agents may edit the images prior to publication, as they consider appropriate, without first consulting me.

Signature: \_\_\_\_\_

**Note:** If you are under 18 years of age your parent / legal guardian must also provide their consent by completing the below section.

**Parent / Guardian Consent:**

I consent to the above on behalf of the child named on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**Activate Inclusion Sports Days Pre-Event Survey**

By filling out this form you are assisting Disability Sports Australia and [ADD PARTNERS] in supporting participants and their families to reach their social activity goals.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Identified Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Disability Type: (Please circle the most appropriate below)**

**Physical:** Cerebral Palsy Quadriplegia Paraplegia Amputee Short Stature

**Sensory:** Vision Impaired – Blind Deaf – Hard of Hearing

**Social/Emotional:** Autism

**Cognitive:** Down syndrome Brain Injury **Other:** \_\_\_\_\_

**Does the participant currently participate in PE at School:** Yes: \_\_\_ No: \_\_\_

**Does the participant currently participate competitively in school sports carnivals? Please circle any that you have competed in during the last 2 years.**

Athletics

Swimming

Cross Country

**Does the participant regularly see any of the following support health professionals to assist with therapy or staying active?**

Physiotherapist

Occupational Therapist

Exercise Physiologist

**How does being active make you feel?**



CONFIDENT



EXCITED



WORRIED



SAD

Thank you for completing this feedback form. Information provided will be only used by Sport NSW, Variety - the Children's Charity NSW/ACT, Local Councils and Disability Sports Australia to improve service delivery quality.



This next section is called **CAN I PLAY**. We gather this information to support participants and their families to be more active, more often with the right adaptations in community recreation activities and community sports clubs.

**Does the participant currently participate in community sport:** Yes \_\_\_ No: \_\_\_

**If yes, please list which sports and community clubs they play for:**



**Would the participant like to continue to do any activities within their community after they attend Activate Inclusion Sports Day?** Yes: \_\_\_ No: \_\_\_

**Please list 3 sports or recreation activities the participant would like to try**

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Does the participant currently work with an NDIS Local Area Coordinator or Early Childhood Early Intervention Coordinator within their community?**

Yes: \_\_\_ No: \_\_\_ NDIS Agency Name: \_\_\_\_\_

**Does the participant currently access any of the following funding supports to assist them in costs with participating in a sport or activity?**

**State Government Sports Vouchers:** Yes: \_\_\_ No: \_\_\_

**NDIS Goal Related Activity:** Yes: \_\_\_ No: \_\_\_

**Does this participant want assistance to connect with sporting opportunities within their local community? If yes, complete the contact information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Would you like to receive information from Variety – the Children’s Charity about programs and funding opportunities to participate in sport and recreation?** Yes

Thank you for completing this feedback form. Information provided will be only used by Sport NSW, Variety - the Children’s Charity NSW/ACT, Local Councils and Disability Sports Australia to improve service delivery quality.