



Sherwood Ridge Public School

learning respect community

1 December 2020

SUPPORT CLASSES EXCURSION - THE SHINE SHED ALL ABILITIES PLAY CENTRE

Dear Parents

Our special day of celebration at The Shine Shed – All Abilities Play Centre, is fast approaching.

Please read below for some important organisation information.

Children aged from four years old but under seven years old must be secured in a forward facing approved child restraint with an inbuilt harness or an approved booster seat. Children aged from seven years old but under 16 years old who are under 145cms tall and too small to be restrained by a seatbelt properly are strongly recommended to use an approved booster seat.

On the day of the excursion, if your child needs a **child restraint or booster seat**, you will need to send it with them to school. If your child attends Assisted School Transport we will take their booster from their transport vehicle and return it afterwards.

Please find attached, two important documents that need to be completed and returned on the day of the excursion. Due to COVID guidelines, these documents could not be completed earlier.

- Waiver Form
- COVID-19 Self-Assessment Declaration Form

Please complete these documents and return promptly on Monday morning, 7 December, otherwise your child WILL NOT be able to attend the excursion and will remain at school under supervision.

Regards

Ms Alicia Stroud

Assistant Principal Support Classes

Mrs Jody Sullivan

Principal

COVID-19 Self-Assessment Declaration Form

In order to protect the health and safety of guests and staff of SHINE SHED NORTH WEST, we ask you to complete this declaration in relation to the coronavirus (COVID-19).

The declaration is required by all guests accessing our centre and is valid for a maximum period of seven days.

Health Declaration (please circle)

Do you have a fever / is your body temperature over 37.5°C?	YES / NO
Are you suffering from respiratory symptoms such as a cough, sore throat or shortness of breath?	YES / NO
Are you aware of being in close contact with a confirmed or suspected case of COVID-19 in the last 14 days?	YES / NO

If you answer yes to any of these questions you may be referred to call NSW Health (1800 202 080) for questions and symptom check.

Declaration

I have read and understand the 'COVID-19 Self-Assessment Declaration' and commit to adhering to the requirement:

Name: _____

Signed: _____

Date: _____

Continue to monitor yourself for fever and respiratory symptoms.
If these symptoms appear, please contact us ph 4577 9107

Waiver

Please read this form carefully and be aware that in signing, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your child might sustain as a result of participating in any and all activities connected with and associated with use of the facilities offered by the Thompson Family Trust at The Shine Shed North West ("the Facilities").

I,.....(Parent/Guardian) recognise and acknowledge that there are certain risks of physical injury and even death to participants utilising the Facilities located at Unit 1, 16 Rob Place, Vineyard NSW 2765, including all equipment. I acknowledge that I have assessed the suitability of each item of equipment available in the Facilities for my child to use prior to them utilising that equipment.

I voluntarily agree to assume the full risk of any and all injuries, damages (including property / material damages) or loss, regardless of severity, that my child may sustain as a result of using the equipment in any manner at the Facilities. I further agree to waive and relinquish all claims I may have as a result of my child participating in the programs/ activities conducted at the Facilities against the Thompson Family Trust (including its trustees, officials, agents, owners, directors, manufacturers, participants, lessors, affiliates, volunteers and employees).

I do hereby fully release, indemnify and forever discharge the Thompson Family Trust from any and all claims for injuries, damages, or loss that I or my child may have or which may accrue to me or my child, connected with, or in any way associated with use of the Facilities.

By signing below I consent that I have read and fully understand, and agree to the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Participant's Name: _____

Parent / Guardian's Name: _____

Parent / Guardian's Signature: _____

Date: _____