Rockingham Beach
Education Support Centre

12 August 2025

Dear Parents/Carers

As part of our Health & Physical Education curriculum program, students from Years 1 to 6 have the opportunity to participate in the **ALL ABILITIES FOOTBALL** program.

This program was established to provide the opportunity for people with different abilities to be involved and participate in Australian Rules Football.

DATE: Thursday, 28th of August, 4th, 11th and 25th of September 2025

WHERE: Rockingham Beach Primary Campus

TIME: Group 1: 10:50am – 11:35am (Rooms 20, 21 and 1)
Group 2: 11:50am – 12:35pm (Rooms 2, 23 and 23)

STUDENT REQUIREMENTS: Hat and appropriate footwear

Please return before Thursday 21st August:

- ☐ **Consent Form**

Please do not hesitate to contact the school office on 9591 6777, should you have any questions or concerns.

Thankyou,

Demi Logan
Associate Principal

Rockingham Beach
Education Support Centre

Consent Form for ALL ABILITIES FOOTBALL

Thursday, 28th of August, 4th, 11th and 25th of September 2025

Group 1: 10:50am – 11:35am (Rooms 20, 21 and 1)

Group 2: 11:50am – 12:35pm (Rooms 2, 23 and 23)

Parent Information Note:

Staff accompanying students on an excursion/in school activity or event will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion/in school activity or event where, in all circumstances, staff have not been negligent.

In the case of excursions/in school activities or events not involving an overnight stay, costs incurred as a result of accident or illness is the responsibility of the parent/guardian.

Parents are required to inform the organisers well before the scheduled excursion/in school activity or event date of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

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PARENT / CARER CONSENT FORM	
ALL ABILITIES FOOTBALL **Thursday, 28th of August, 4th, 11th and 25th of September 2025** Group 1: 10:50am – 11:35am (Rooms 20, 21 and 1) Group 2: 11:50am – 12:35pm (Rooms 2, 23 and 23)	
Student Name:	**Class:**
Emergency Contact 1 Name:	**Contact Number:**
Emergency Contact 2 Name:	**Contact Number:**
☐ I have read and understood the information regarding the All Abilities Football program. ☐ I give permission for my child (listed above) to participate. ☐ I do not give permission for my child (listed above) to participate. ☐ My child's medication information is up to date with the school.	
Signature of Parent/Carer:	**Date:**