



- © 32 Suffolk St Albany, WA 6330 © 08 9844 2860
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Dear Parents and Carers

I am pleased to provide you with the following details regarding our excursion.

Excursion to:	Dockers Cup				
Class/Year groups attending:	Selected female students from Years 5 and 6				
Departure venue, date and	Tuesday 26 August 2025 Depart APS at 9am on for a 9.15am arrival at the Centennial Park training ovals				
Return time:	Expected departure from Centennial Park is 2pm for a 2.15pm arrival at APS				
Excursion leader:	Paul Carron				
Travel details:	Walking				
Excursion cost:	Venue entry	\$0 \$0 \$0 \$0 \$Y: N/A	Preferred Payment Methods: 1. Cash or EFTPOS at office 2. EFT – Albany Primary School BSB 016 510 ACC: 3408 81799 (Include student name and class in description)		
Supervisory team: (Include details of staff member with first aid responsibility)					
Contact arrangements during excursion:	APS Office: 9844 2860				

Educational purpose of excursion

This excursion has been planned to supplement the following work being completed in your child's classroom and/or is part of their education program.

This relates to Skills for Physical Activity outlined in the Health and Phys Ed WA Curriculum. This excursion is an excellent opportunity for students to develop their sporting experience base.

Activities

Your child will be participating in the following activities.

Dockers Cup is an Australian Rules Football round robin competition organised by the West Australian Football Commission. It provides an opportunity for Year 5 and 6 girls from Albany Primary School to compete against teams from other schools in the region.

On the day, teams will play 3 rounds of footy prior to lunch followed by a final after lunch. Games will involve 12 players a side with 2×15 -minute halves. Games will start at 9.40am and the last game will finish at 1.45pm with presentations to follow.

The following safety measures are in place.

- All players must wear mouthguards.
- Wrap tackle only No dangerous tackles.
- Cannot kick ball off ground.

Please be aware that we may have more students wanting to play football than we require. If this is the case, not all students who return this form will be able to attend the day. Playing priority will be given to students who have shown excellent behaviour, sportsmanship and a dedication to training. If a decision cannot be made based on these criteria, students may unfortunately be selected at random to not attend.

Special clothing or other items required

All excursion participants are to comply with all venue/site special clothing or other item requirements as prescribed.

For safety reasons, the wearing of a mouth guard is required for this competition. Players will be required to wear APS team jerseys; these will be handed out to players the morning of the event and will need to be taken home, washed and returned to the office ASAP.

Excursion Leader signature:	
Principal signature:	

Please complete, sign and return the section overleaf to the school by 1 August 2025

LOCAL AREA EXCURSION 2025





Child's name:								
Class – Year:								
Excursion to:	Dockers Cup – Centennial Oval							
Student health considerations	Student health considerations							
If your child's medical conditi	ion has changed or your child has special needs,							
please provide full details and include any relevant medical details below.								
Special considerations								
If the proposed excursion poses	any health risks in addition to those identified in the Student Health							
Care Summary, please outline ad e.a. if your child suffers from and	Iditional health risks below: aphylaxis there may be risks associated with the provision of meals							
and storage of an adrenaline aut	to injector at the appropriate temperature.							
Details								
Daront/caron/guardian conce								
Parent/carer/guardian conse Please tick each box to give								
☐ I give permission for my child	to receive medical treatment in case of emergency.							
$\ \square$ I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on an excursion, unless the school or its employees are proven to be negligent.								
│ │ □ I give permission for my child	I to travel on a bus with or without seatbelts.							

Emergency Contact					
Name			Name		
Daytime Contact			Daytime Contact		
After hours			After hours		
Mobile			Mobile		
Relationship			Relationship		
I consent to (Your ch		nild's name)			
participating in an excursion to		Dockers	Dockers Cup, Centennial Oval		
on (Date)		ust 2025			
Signed					
Date					

Please return this form for the excursion to the school by: 1 August 2025