



- © 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 Shield			
Class/Year groups attending:	Selected male students from Years 5 and 6			
Departure venue, date and	Thursday 21 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:	Transport Venue entry Other Total: FUNDS DUE	\$0 \$0	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 Shield is an Australian Rules Football round robin competition organised by the West Australian Football Commission. It provides an opportunity for year 5 and 6 boys 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 2 more rounds after lunch. Games will involve 15 players a side with 2 \times 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 returned at the end of the day.

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 Shield – Centennial Ovals			
Student health consideration	ns			
If your child's medical condi	ition has changed or your child has special needs,			
please provide full details a	nd include any relevant medical details below.			
Special considerations	s any health right in addition to those identified in the Student Health			
Care Summary, please outline a	s any health risks in addition to those identified in the Student Health additional health risks below:			
1 2 ,	naphylaxis there may be risks associated with the provision of meals uto injector at the appropriate temperature.			
Details	to injector at the appropriate temperature.			
Parent/carer/guardian cons Please tick each box to give				
□ I give permission for my chi	ld to receive medical treatment in case of emergency.			
1 give permission for my chi	id to receive medical treatment in case of emergency.			
	and its employees are not responsible for personal injuries or ur on an excursion, unless the school or its employees are proven			
☐ I give permission for my chi	ld 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	nsent to (Your ch		child's name)	
participating in an excursion to		Dockers	Dockers Shield	
on (Date) Thursday		Thursda	ay 21 August 2025	
Signed				
Date				

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