ALBANY PRIMARY SCHOOL
32 Suffolk St Albany, WA 6330 08 9844 2860
albany.ps@education.wa.edu.au albanyprimary.wa.edu.au

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 time:	Depart APS at 9am on Tuesday 18/8/26 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 $0 Venue entry $0 Other $0 **Total: $0** **FUNDS DUE BY: 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)*	Paul Carron and Hayley Williamson
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.

Competition format will be round robin with APS playing multiple 15 minute games across the day starting from 9.30am.

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 31/7/26

LOCAL AREA EXCURSION 2026

PARENT/CARER CONSENT FORM

Child's name:	
Class – Year:	
Excursion to:	Dockers Shield

Student health considerations

<u>If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details below.</u>

Special considerations

If the proposed excursion poses any health risks in addition to those identified in the Student Health Care Summary, please outline additional health risks below:

e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.

Details

Parent/carer/guardian consent

P*lease tick each box to give your consent:*

☐ I give permission for my child to receive medical treatment in case of emergency.

☐ 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 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 child's name)*
participating in an excursion to	Dockers Shield
on *(Date)*	18/8/26
Signed	
Date	

Please return this form and any funds for the excursion to the school by: 31/7/26