

Thank you to Maddie for your great organisation and all other staff for running activities and supervising.



Clayton Donovan: Clayton Donovan, Australia's only hatted indigenous chef, star of Wild Kitchen came to Pilliga to give a cooking demonstration. He made Kangaroo San Chow Boy, all the students from Gwabegar and Pilliga thought it was yummy!!



Young Leader: Tallen presented the students with their lunch boxes that were donated by Woolworths Narrabri, well done Tallen and Mrs Phelps.

6 Ways @ Rowena, Thikkabilla Vibrations & NAIDOC Day





Tour de Gorge 2018 Ride for the Chopper Registration Form

When: Saturday, 1st September 2018 8:30am Briefing at Pilliga Pottery 9:00am Start	Early Bird Registration and Jersey Order Close strictly 10th July 2018 (all Jersey's Pre-order only)
Where: Pilliga Pottery, Dandry Road Coonabarabran NSW	Registration Includes: Insurance, Bag, Water bottle and maps
Registration and Payment: Pilliga Forest Discovery Centre Phone: 02 6843 4011 Email: pfdc@environment.nsw.gov.au Payments can be paid by cash, cheque, EFTPOS or Credit Card	Suggestions for Riders: Please wear clothes appropriate for weather, closed athletic shoes, sunscreens, sunglasses. Please ensure your bike is in top mechanical condition suitable for the ride.
Distance of course: 12km or 50km	Return form to: Pilliga Forest Discovery Centre PO Box 105 Baradine NSW 2396 Email: pfdc@environment.nsw.gov.au Registrations open up to and including on the day.
Registration Fee: \$25 Early Bird Jersey: \$75	

Name: _____ Distance: **12km or 50km** (Please circle)

Address: _____

Phone: _____ Email: _____ Jersey Size: _____

Date of Birth: _____ Photo/Publication Consent: **Yes/No** (please circle)

Release of Liability:

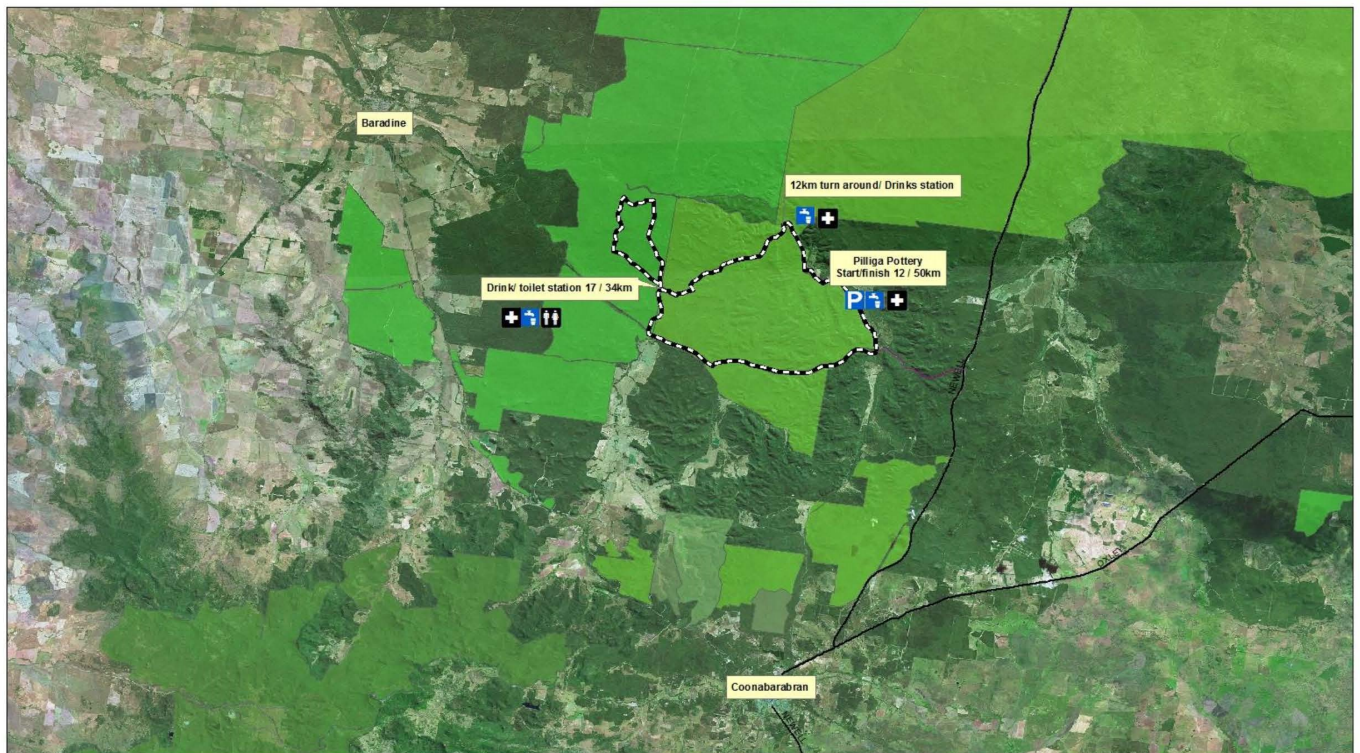
I, the undersigned, know that participating in the Tour de Gorge is a potentially hazardous activity and I participate in it out of my own free will and choice. In choosing to participate in the Tour de Gorge, I fully accept and assume all risks including without limitation, physical injury, mental injury or trauma, death, contact with other participants, equipment failure, inadequate safety equipment, the effects of weather including extreme temperature conditions, traffic, contact with motor vehicles of all types and descriptions, collision with other riders or fixed objects, the conditions of the road, all such risks being known and appreciated by me.

By signing this form, you:

- accept the above warnings and risks
- agree to ride in a safe and responsible manner,
- attest that you are physically fit to undertake the tour
- attest that your bike is in top mechanical condition suitable for the ride
- agree to abide by the riding directions given by the organisers of the day

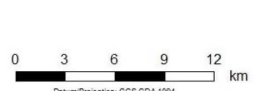
Please sign (A parent or guardian must sign for a participant under the age of 18 years old) Mandatory

Name: _____ Signature: _____



Tour De Gorge 2018 Ride for the Chopper

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This map is not guaranteed to be free from error or omission.
OEH and its employees disclaim liability for any reliance on the information in the map and any consequences of such acts or omissions.



Jeremy Link 2018

Your Health Schedule:

Further bookings can be made with Gary

Wooldridge on: 0474781022

Upcoming Health Services:

lake Burrendong –Here

We Come!

<https://sportandrecreation.nsw.gov.au/event/small-schools-week-7>

Complete your booking at:

<https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform>

If you are unable to follow these links,
please fill in the attached
forms and return to Pilliga
School by the end of
this term.

Next P&C Meeting:

To be held at Pilliga School
THIS Wednesday 4th of July
at 9am.

Please join us if you can!

Transition

Starts:

Monday 30th of July

9am until 12:30

Children aged 4 years are
welcome to attend, please
call us now!

Congratulations To
Nikki Cutts

Winner of the Pilliga P&C
Association Raffle for a Load
of wood.

Lake Burrendong Booking Form:

Please have the following information ready as you complete the online booking at:

<https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform>

If you are unable to access the online booking form, please complete ALL details below and staff at Pilliga School will assist you to enrol your child prior to 30th of July 2018 to avoid your child missing out on attending the excursion with the school in week 5 of term 3.

I give staff at Pilliga Public School permission to complete my child's booking form online:

☐ Yes ☐ No

Signed: _____ Date: _____

Participant dietary, medical and consent form - with meals

Booking details

The Organisation or person coordinating arrangements for the group should provide you with the relevant Booking Number, Start Date and Venue information. Please do not proceed without the correct information.

Participant type * ?

Participant - Child (under 18) ▼

Booking number * ?

537888

Booking start date * ?

20/08/2018



Venue * ?

Lake Burrendong Sport and Recreation Centre ▼

Name of organisation and/or organiser * ?

Pilliga Public School

Parent/Guardian contact details

A form submission confirmation will be emailed to the address listed below

Parent/Guardian first name *

Parent/Guardian last name *

Relationship to participant *

▼

Email address *

Phone type *

▼

Phone number * ?

Confirm email address *

Participant contact information

Participant first/preferred name * Participant last name *

Gender *

☐ Male ☐ Female ☐ Other, please specify

Date of birth * ?



Phone contact details same as parent/guardian? *

☐ Yes ☐ No

Street address *

Suburb *

State *



Post code *

Emergency contact number

- please provide a 24 hour contact for the duration of the camp

Are emergency contact details the same as parent/guardian contact details? *

☐ Yes ☐ No

Optional participant statistical information

Does the participant identify with any of the following groups? ?

	Yes
Aboriginal or Torres Strait Islander descent	<input type="checkbox"/>
Cultural and Linguistically Diverse background	<input type="checkbox"/>
Youth at Risk	<input type="checkbox"/>
Disability	<input type="checkbox"/>

Emergency contact number

- please provide a 24 hour contact for the duration of the camp

Are emergency contact details the same as parent/guardian contact details? *

☐ Yes ☒ No

Emergency contact 1 full name *

Relationship to participant *



Phone type *



Phone number * ?

Would you like to include an additional emergency contact? *

☒ Yes ☐ No

Emergency contact 2 full name *

Relationship to participant *



Phone type *



Phone number * ?

Participant allergies and special diets

Sport and Recreation endeavours to provide safe, healthy meals to all clients, including those with special dietary needs. Those at risk from food related anaphylaxis require the highest level of care. It is important that we receive information regarding food related allergies even if the participant is attending a self-catered program.

If the Participant has a special dietary need please provide information below.

Food related anaphylaxis diagnosed by a doctor * ?

☐ Yes ☐ No

Please indicate the item/s the participant CANNOT eat *

☐ Peanuts ☐ Sesame ☐ Soy ☐ Tree nuts ☐ Crustaceans ☐ Sulphites

☐ Egg ☐ Fish ☐ Wheat ☐ Milk ☐ Other

Food related allergy or intolerance * ?

☐ Yes ☐ No

Please indicate the item/s the participant CANNOT eat - allergy or intolerance *

☐ Peanuts ☐ Sesame ☐ Soy ☐ Food additives ☐ Tree nuts ☐ Crustaceans

☐ Gluten ☐ Sulphites ☐ Egg ☐ Fish ☐ Lactose/Dairy ☐ Wheat

☐ Milk ☐ Yeast ☐ Other

Food related aversion/religious beliefs/lifestyle choice * ?

☐ Yes ☐ No

Please indicate the participant's special diet *

☐ Vegan ☐ Vegetarian ☐ No red meat ☐ No beef ☐ Halal ☐ Kosher

☐ Other

Non-food related allergy * ?

☐ Yes ☐ No

Please indicate the participant's non-food related allergy *

☐ Insect bite/sting ☐ Medication ☐ Other

Has the participant been hospitalised with a severe allergic reaction? *

☐ Yes ☐ No

Has the participant been prescribed an adrenaline auto injector (EpiPen or AnaPen)? *

☐ Yes ☐ No

Please indicate the participant's non-food related allergy *

☐ Insect bite/sting ☐ Medication ☐ Other

Please provide further information:

Please provide further information:

Please provide further information:

Please be advised of these responses as below if you have answered yes on the previous page:

Has the participant been prescribed an adrenaline auto injector (EpiPen or AnaPen)? *

☒ Yes ☐ No

Does the participant have an ASCIA action plan for anaphylaxis? *

☒ Yes ☐ No

Prior to camp, it is vital the participant provides a copy of their ASCIA action plan to the Sport and Recreation Centre they are attending. If this is not received prior to camp they will be removed from the booking and won't be able to attend.

Participant health details and related information

Participant medicare number *  Position on card * Valid to month * Valid to year *

Does the participant have any of the following? *

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> A current illness | <input type="checkbox"/> A disability/chronic illness | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Attention deficit disorder (ADD/ADHD) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Other | <input type="checkbox"/> None |

Current medication *

☐ Yes ☐ None

Media consent, privacy statement and risk warning

Media consent

To allow NSW Government to use photographs, sound and film recordings taken of me or my child/ward at this program for the promotion of NSW Government services and initiatives to the media and general public. *

☐ I consent ☐ I do NOT consent

Privacy statement

The Office of Sport, Sport and Recreation will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff, the School/Community Group organising the event, and to medical professionals where necessary. By providing Office of Sport, Sport and Recreation with the information you consent to these disclosures. Any information provided by you will be stored on a database that will only be used for the purpose for which it was collected. Any information provided by you to the Office of Sport, Sport and Recreation can be accessed by you during standard office hours and updated by writing to us or contacting us on 13 13 02. *

☐ Accept

Click on the [Formsite Privacy Statement](#) link to view the Formsite privacy statement

Risk Warning

I agree for me or my child/ward to attend the Centre/Venue and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Office of Sport, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and medication while my child/ward is attending the Centre/enrolled in the program. I understand that although Office of Sport, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk. *

☐ Accept

Participant medication schedule

Notes

1. Scheduled medication must be provided in the original container (as required by legislation).
2. Staff will collect, supervise and register the taking of all medication.
3. Participants at risk of anaphylaxis need to provide at least one adrenaline auto injector (e.g. epiPens/AnaPens).

Medication name *

Breakfast time ?

Dose

Lunch time ?

Dose

Dinner time ?

Dose

Other time ?

Dose

(2) Additional medication? *

☒ Yes ☐ No

Medication name *

Breakfast time ?

Dose

Lunch time ?

Dose

Dinner time ?

Dose

Other time ?

Dose

(3) Additional medication? *

☐ Yes ☐ No

Please provide any additional medication requirements below

Declaration

☐ I am over 18 years old or the parent or legal guardian. I have read, understood and accepted the relevant privacy statements, risk warning, booking terms and conditions and what is expected of me or my child/ward to participate in this Program.