



Tuggerah Public School

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02 May 2025

Dear Parent / Carer,

Central Coast Dance Festival

Congratulations to the Boys Dance Group for being successful with their entry into the 2025 Central Coast Dance Festival!

Dancers are asked to pay a costume fee. This year's costume will include denim shorts, t-shirt and a black cap.

Cost: \$30.00

Payment due: Friday 23rd May 2025

#### KEY DATES FOR YOUR CALENDAR

Tuesday 27th May - Rehearsal date - 1.50pm-2.30pm

Monday 2nd June - Tickets on sale via Laycock Street Theatre from 11.00am. Adults: \$24, concession/student/child: \$20. There is a limit of 4 tickets per booking. This applies in person, online or over the counter.

Monday 30th June - Show E: Boys Group Performance - 6.00pm and 8.00pm shows. Students are to perform in BOTH evening sessions.

Venue: Laycock Street Theatre, 5 Laycock Street, Wyoming

Transport: Own arrangements via parent/carers private transport. If you are unable to transport your own child to the rehearsal, please let the office know who will be transporting your child so relevant paperwork can be arranged.

Due to the late finish of the rehearsal, it is advisable for parents and carers to arrange transportation for their child from the venue, as we cannot guarantee timely return to Tuggerah Public School for bus departures. If this is not possible, please contact the school to discuss alternative arrangements.

Permission Note due: Friday 23rd May 2025

What to bring / Clothing:

We will be putting on our costumes at school, so please arrive in normal school uniform.

You will receive a message from your child's dance group coordinator with regards to hair and makeup requirements.

Food: Students will have lunch as normal at school.

Mrs Peek, Mrs Turner, Mrs Selfe  
Activity Organiser/s

Sharlene Percival  
Principal

#### Additional:

In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the Department of its duty of care to students that may result in claims for compensation. The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the loss of use of certain prescribed parts of the body. The Supplementary Scheme does not cover medical costs or dental costs. Further information can be obtained from <https://www.icare.nsw.gov.au/injured-or-ill-people/sporting-injuries/payments/#gref>

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Return permission slip to the office and pay online by Friday 23rd May 2025

I give / do not give permission for \_\_\_\_\_ of class \_\_\_\_\_ to attend the Central Coast Dance Festival Rehearsal at the Laycock St Theatre, Wyoming on Tuesday, 27 May 2025. I understand the transport arrangements for this activity are own arrangements via parent/carer private transport.

Please note the name of the person transporting your child to/from the venue.

\_\_\_\_\_

- I acknowledge that my child will receive first aid or medical care during the event if required. The NSW Ambulance Schools and Group Cover Scheme 2024 (ASGCS) is an insurance policy that provides coverage for emergency ambulance services to NSW public school students attending approved, fully supervised school activities.
- I acknowledge my child has no medical condition or injury that places them at risk by participating in this event.
- I can confirm that I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity.
- If my child is diagnosed with concussion at any time, I must inform the school and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during a school activity, they will be removed from the activity and medical follow-up recommended.

Signed (parent/carer): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's daytime contact no.: \_\_\_\_\_

Please list any medical issues we need to be aware of in relation to this activity: