

This is an invitation to primary school aged surfers in our area to come along and experience a surfing class with some of our top current school surfers whilst being instructed by our highly qualified coaching team. Additionally, this is an opportunity to learn more about the Sunshine Beach State High Surfing Excellence Program.

WHO: Years 5 & 6 boys and girls

Pre-request skills: Swim 100-200m continuously,

Surf competency - Surf open beaches/point waves etc.

- Sound knowledge of surf and beach safety.

WHEN: Wednesday 3<sup>rd</sup> September, 2025 (alternate if poor weather/conditions 10/09/2025)

7:30am - 10:00 am Beach / 10:30am - 12:00pm SBSHS GYM & Video Analysis

WHERE: Meet at Sunshine Beach Surf Club at 7:30am (Mobile venue)

HOW: Complete the application form and submit before Friday 15<sup>th</sup> August 2025.

Positions are limited so get your application in ASAP

COST: Free

TO BRING Board, leg rope, sunblock, wet suit, water bottle

TRANSPORT: Parents are responsible for transport

TEACHERS: Kurt Barrow (0499 280 092)

Harry Bryant

Currently sponsored by Vans and leading the charge in high-energy free surf clips and the new Airborne tour.

For further information, please do not hesitate to contact Kurt Barrow on the contact information below.

RETURN Kurt Barrow

**APPLICATION** Surfing Teacher and Coach

FORM Phone: **07 54 404 219** 

<u>to</u> Email: <u>kbarr118@eq.edu.au</u>

### Julian Wilson

Former World Surf League tour competitor and top five finisher. Julian is at the forefront of progression!





U18 Australian Junior Champion, Junior Irukandji Team member.





For further information about the activity, please contact Kurt Barrow on 54 404 219 or kbarr118@eq.edu.au

Yours faithfully

Anthony Swan PRINCIPAL

Ben Oliver HOD HPE boliv43@eq.edu.au Kurt Barrow Surfing Coordinator kbarr118@eg.edu.au

- School policy is that students can only participate in non-compulsory school excursions/ camps/ formals/ activities if school Student
  Resource Scheme (SRS) fees are fully paid or an up to date instalment plan in place. Those students who do not attend excursions
  will be provided with alternate learning / assessment activities. Please note payment for excursions will not be accepted on the
  day of the excursion.
- Refund policy: Please note some excursion payments are non-refundable due to the nature of prepayment of the event. If a parent / carer wishes to apply for a refund due to non- participation please complete a 'Request for Refund' form from the front office.
- School policy stipulates that any student who drives a private vehicle to an excursion must notify their classroom teacher of this fact and present for recording the vehicle registration number of the motor vehicle to be driven. In addition, the student is required to present for visual inspection, their current Drivers Licence. This process must be completed prior to the excursion date.



# Activity consent form - Come and Try High Performance Day 2025

### **Privacy Statement**

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the excursion;
- help coordinate the excursion;
- respond to any injury or medical condition that may arise during or as a result of the excursion; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.

### Activity risks and insurance:

Please note that the Department of Education does not have personal accident insurance cover for children/students. If a child/student is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If the parent/caregiver has private health insurance, some costs may also be covered by your provider. Any other costs must be covered by the parent/carer. It is up to the parent/carer to decide the types and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

### Consent:

By signing this form, I agree to all the following statements:

- I have read all of the information contained in this form in relation to the activity (including any attached material)
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named child/student, \_\_\_\_\_\_ <insert child's name>
  to participate in the identified activity.
- I will pay to the school the costs detailed in this consent form for the child/student's participation in the activity.
- I agree to and understand the refund policy as it applies to this excursion (see Activity costs)
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant <u>Queensland</u> Chief Health Officer's <u>Directions</u>.

Parent/Carer	Name:	
	Phone number:	
	Email address:	
	Signature:	Date:
Emergency contact information for this excursion	Name:	
	Phone number/s:	

PLEASE COMPLETE ADDITIONAL MEDICAL INFORMATION (SEE OVER)





**DETAILS** 

# Activity consent form - Come and Try High Performance Day 2025

## ADDITIONAL MEDICAL INFORMATION:

MEDICAL INFORMATION

HEART PROBLEMS	YES/NO	
RESPIRATORY PROBLEMS e.g. ASTHMA	YES/NO	
ALLERGIES – e.g. FOOD, DRUG, OINTMENTS, ETC	YES/NO	
DIABETES	YES/NO	
BLOOD PRESSURE	YES/NO	
RECENT OPERATIONS	YES/NO	
EPILEPSY	YES/NO	
RECENT ILLNESS	YES/NO	
PHOBIAS	YES/NO	
BACK, BONE, JOINT PROBLEMS	YES/NO	
TETANUS BOOSTER	YES/NO	DATE:
MEDICATION CURRENTLY BEING TAKEN	YES/NO	
OTHER	YES/NO	
	pdated medical i	ation/enrolment. This information is stored electronically in nformation which may affect your child's full participation in
Name of child's medical practitioner:		Telephone No.:
Medicare No.:		
Private Health Insurance Company (if applicable): _	Membership No.:	
*If a registration/enrolment form for your child was of information will already be recorded in OneSchool.	ompleted or upo	dated on enrolment and these details have not changed, this
I would like this additional information about	ut my child's me	dical information to be recorded in OneSchool records.





## **SURFING EXCELLENCE APPLICATION FORM**

Date of B	irth:	
Postal Ad	dress:	
Home Ph	one No:	
Parent/Ca	aregiver's Name:	
Present S	chool:	
Year Leve	el in 2026:	
Are yo	ou "Out of Catchment" 🔲 Y	'es □ No
Please resp	oond to the following:	
In the table	e below please provide a brief history of your inv	olvement and achievements in surfing:
Year	Club/Team/Competition	Comments on Involvement/Achievement



Student's Name:



Supply the names of at least one referee who would support your achievements outlined above:
Performance Referee 1 - Surf Coach
Name:
Position:
Contact Number:
Performance Referee 2 – Qld Surfing, Club Coach or Nipper coach or other
Name:
Position:
Contact Number:
In 50-100 words explain why you should be selected in the program: (include personal attributes and contributions to the school and community)
Supply the name of at least one referee who would support your attributes outlined above:
Personal Referee 1 – e.g. Teacher, Principal, Board Riders president, other
Name:
Position:



Contact Number: \_\_\_\_



Please attach a copy of the following to your application:

- 1. A copy of your most recent report card from school.
- 2. Copies of any other documentation that you feel would support your inclusion in the Surfing Excellence Program.

Inclusion into the class requires all students to abide by the School Behavior Policy.

Are you prepared to abide by the School Behavior Policy?

YES / NO

Signature of Student

Date \_\_\_\_\_\_

Signature of Parent \_\_\_\_\_\_ Date \_\_\_\_

Please return to: Surfing Coordinator Kurt Barrow kbarr118@eq.edu.au





### SURFING EXCELLENCE PROCEDURE

The following procedure outlines the steps involved in gaining a placement in the Surfing Excellence Program at Sunshine Beach State High School.

- 1. Download Application Package from website or collect package from school.
- 2. Lodge written application to Excellence in Surfing Coordinator

(Kurt Barrow) by the closing date 15/08/2025.

- 3. Students will be chosen based on selection criteria, coach's reference and subject to the availability of vacant positions. They will be then offered a place in our Come and Try day trials in September.
- 4. Attend Come and Try day and secure a spot based on level of performance and selection criteria.
- 5. If accepted into the program, Excellence in Surfing Coordinator will make the recommendation to the Deputy Junior School Jo Kearney (54 404 211) for approval of enrollment.
- 6. Successful Students will be required to sign a behaviour contract for both surfing and school as well as pay the invoiced fees at the start of the school year for the program before they can commence surfing classes.
- 7. Unsuccessful students will be placed on a waiting list (if applicable).

