

19 November 2025

Dear Parent/Guardian

Your son/daughter has shown an interest in auditioning for the 2026 Diamonites Cheer and Dance Squad. In previous years, the Urangan State High School Cheer and Dance Troupe has travelled around Queensland competing in state and international competitions with commendable results. We would like to continue this tradition in 2026.

Students who are successful in attaining a spot in the dance troupe, will be notified through email within one week of auditions. Although fees and budget have not yet been calculated for 2026, the involvement costs are usually between the amount of \$1400 and \$1600 (which can be paid off during the year). This covers costs such as accommodation, transportation, competition fees, uniforms, music, workshops and more.

Please note that the Audition will be a closed audition, meaning that parents and/or supporters are not allowed to enter during the audition. This is to ensure that students are not distracted by additional audience members. Please be aware that Cheer and Dance involve medium and high-risk activities, however students will only be asked to demonstrate skills that they have already mastered during the auditions. The auditions will occur over 2 weeks where students are required for both sessions. In support of the school's good standing policy, student attendance for 2025 may be taken into consideration when selecting numbers for the team. The structure of the team will operate differently from year to year, and it is important to remember that all students are auditioning for a spot on the 2026 team.

If your child is successful, weekly training will commence Term 1/Week 4 - Wednesday February 18th 2026 from 3.00pm-4:45pm, with a weekend workshop taking place on the 28th of February and the 1st of March 2026 from 9.00am-3.00pm.

**Excursion:** Diamonites Cheer and Dance Team 2026  
**Venue:** Performing Arts Complex USHS  
**Date:** 4<sup>th</sup> and 11<sup>th</sup> of February 2026  
**Start:** 3.00pm  
**Finish:** 5.00pm  
**Cost:** No cost required for auditions; however, if successful fees will apply  
**Requirements:** Dance clothes (no Diamonites merch), and water bottle  
**Contact:** Rhani Ashford


If you wish for your child to participate in the activity, please complete the permission slip and consent form attached and return it to Student Services, or the contact listed below. For further information about the activity, please contact Rhani Ashford on [dashf8@eq.edu.au](mailto:dashf8@eq.edu.au) or (07) 4197 0111.

As per the Urangan State High School good Standing Policy, students must be in good standing to attend non-curriculum incursions and excursions at the time of the event.

It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Urangan State High School will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the organising staff member. If you have any questions or concerns, please do not hesitate to contact me at the school on (07) 4197 0111.

Yours sincerely

  
RHANI ASHFORD  
Teacher

  
LIZA YOUNG  
Head of Department  
Creative Futures

  
TONY MCCORMACK  
Principal

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**Permission Slip: Diamonities Cheer and Dance Team 2026 - 4<sup>th</sup> and 11<sup>th</sup> February 2026**

I give permission for my child, \_\_\_\_\_, to attend.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Teacher: ASHFDA

....PTO/2

**Web** uranganshs.eq.edu.au  
**Email** principal@uranganshs.eq.edu.au  
**Phone** 07 4197 0111

**Mail** PO Box 5100, Torquay QLD 4655  
**Deliveries** 120 Robert St, Urangan QLD 4655  
**CRICOS** 00608A



**QUEENSLAND  
GOVERNMENT**



Consent to participate in Cheer and Dance Risk level activity

Activity: Cheer and Dance requires some skill sets to be performed shoulder height. Rehearsal and progressive skills are taught to ensure safety

Inherent Risk Level: High

**Privacy notice**

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

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

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwth).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

**Activity risks and insurance**

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child 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 you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what 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 that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child, \_\_\_\_\_ <insert child's name> in \_\_\_\_\_ <insert group/class details>, to participate in the **Diamonites Cheer and Dance team 2026** activity on from the **19th of November 2025 through to November 2026 if successful at gaining a spot on the team.**
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's 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.

Parent/Carer's name: \_\_\_\_\_ (Please print)

Parent/Carer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MEDICAL INFORMATION FORM

Excursion	Diamonities Cheer and Dance Team 2026 - 4 <sup>th</sup> and 11 <sup>th</sup> February 2026	Staff code	ASHFDA
<b>1: Student &amp; parent/carer details</b>			
Student name			
Date of birth		Year level	
Parent/carer name		Parent/carer contact number	
Medicare number		Private Health Fund name & membership number	
Medical practitioner name		Medical practitioner phone number	
<b>2: Health conditions</b>			
2.1. Does the student have any health conditions that the school has not been previously advised of?		<input type="checkbox"/> Yes (go to 2.2)	<input type="checkbox"/> No (go to 2.3)
2.2. Indicate the student's health condition/s: <input type="checkbox"/> Asthma <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other: _____ Contact the staff member above as soon as possible to plan if the student requires medication or additional overnight support.			
2.3. Does the student have a current / previous injury that may affect their participation that the school has not been previously advised of?		<input type="checkbox"/> Yes (go to 2.4)	<input type="checkbox"/> No (go to 3)
2.4. Describe the injury:			
<b>3: Medication requirements</b>			
3.1 Will the student require medication during this excursion?		<input type="checkbox"/> Yes (go to 3.2)	<input type="checkbox"/> No (go to 4)
3.2 Does the student require staff to administer their medication?		<input type="checkbox"/> Yes (go to 3.4)	<input type="checkbox"/> No (go to 3.3)
3.3 Does the student have approval to self-administer their medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4 Does the medication require special storage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer was <b>YES</b> to any of the questions above: <ul style="list-style-type: none"> <li>complete a <a href="#">Consent to administer medication</a> form, attach relevant advice from the health practitioner e.g., action plan, letter, medication order</li> <li>contact the staff member above as soon as possible so that the student's medication needs can be supported.</li> </ul>			
<b>4: Dietary requirements</b>			
4.1 Does the student have specific dietary requirements?		<input type="checkbox"/> Yes (go to 4.2 & 4.3)	<input type="checkbox"/> No (go to 5)
4.2 List the foods/ingredients your child is <b>NOT</b> to eat:			
4.3. Please circle why the student cannot eat the above, e.g., religious, cultural, allergic/anaphylaxis, vegetarian.			
<b>5: Travel and away-from-home issues</b>			
5.1. Does the student experience travel/motion sickness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> and the student requires medication for travel/motion sickness, complete a <a href="#">Consent to administer medication form</a> and provide the school with the medication.			
5.2 Does the student require night bedwetting management or require an appliance / device at night?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.3 Does the student sleep walk, have night terrors / fears / phobias / anxiety, or have any other issue/s?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer was <b>YES</b> to either 5.2 or 5.3: <ul style="list-style-type: none"> <li>contact the staff member above as soon as possible so that the student's needs can be supported.</li> </ul>			
<i>Privacy Statement: The Department of Education is collecting this personal information in order to support the health needs of the named student during the excursion identified below. The information will only be used by authorised employees of the department. The information will not be given to any other person or agency unless we have your consent, or we are required by law to do so</i>			
<b>6: Declaration</b>			
I have reviewed the information provided in this form and confirm that this information is accurate.			
Name of parent/carer			
Signature		Date:	

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