

Dear Parents or Guardians,

We are excited to have your young person involved in the 2025 Mayor's Telstra Innovation Masterclass.

Our first masterclass will be held on Wednesday 4<sup>th</sup> June at **Altitude Nine, Sunshine Coast City Hall, South Sea Islander Way, Maroochydore** from 0830-1500.

**Where to meet?**

City Hall foyer. Please make your way to the foyer where our team will meet you and take you to Altitude Nine via the lifts. Please aim to arrive between 8 – 8.25am. If you arrive after 8.30am please call 0407 883 809.

**Catering**

Morning tea and lunch will be provided. Dietaries are catered for as advised by the students on the registration form. Students are also welcome to bring a packed lunch if they prefer. Still and sparkling water will be provided.

**Uniforms**

Students are welcome to dress in smart clothing.

**Contacts**

Koko Kasama, Events Coordinator, 0490 776 841

Shannara Goddard, Program Manager, 0407 883 809

**Key Information**

Students will not be permitted to leave Sunshine Coast City Hall during the event. The toilets are located inside Altitude Nine. For earlier departure or late arrivals, this must be pre-arranged and communicated with the Program Manager.

**Form Details**

Please return this form pages 2-4 via email [hello@studysunshinecoast.com.au](mailto:hello@studysunshinecoast.com.au) by May 9<sup>th</sup> 2025.

<b>Student</b>	Student Name:		
	School:		
	Phone Number:		
	Student Email Address:		
	Year Level:		HOD/Homeroom Teacher:

**ACTIVITY CONSENT FORM – Mayor’s Telstra Innovation Masterclass Series**

By signing this form, I agree to all the following statements (please tick if you agree):

I have read all of the information contained in this form in relation to the activities and consent for my child to attend the Mayor’s Telstra Innovation Masterclass Series.

- I give consent for the named child/student, [ ] to participate in the Mayor’s Telstra Innovation Masterclass Series.
- I give consent for photographs, sound, and/or film footage of my child/student during the activities listed to be used for program-related purposes. This includes, but is not limited to the Study Sunshine Coast website and social media platforms.
- In the event of an accident or illness, Study Sunshine Coast representatives may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor. Suitably qualified first aid representatives will be present to administer immediate medical assistance as necessary.
- I accept liability for all reasonable costs incurred by Study Sunshine Coast in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the full amount of those costs.
- I have provided Study Sunshine Coast with all relevant details of the child/student’s medical or physical needs (please see Medical Information form below).
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant [Queensland Chief Health Officer’s Directions](#).

<b>Student</b>	Student Name:	[Person full name]	
<b>Parent/ Carer/ Student*</b>	Name:	[Person Parent/Guardian one]	
	Phone Number:	[Person Parent Phone]	
	Email Address:	[Person Parent Email]	
	Signature:		Date:

**STUDENT NAME:** \_\_\_\_\_

**Dietary Requirements:** \_\_\_\_\_

**Medical Information**

Please give full details of any medical information which may affect your child's full participation and/or be relevant to the care of your child during any event related activities and outings.

---

---

**Allergies** (please list below)

---

---

**Prescribed Medications** (please list below)

---

---

Is there any information you would like to give which, in your view, may affect your child's participation in excursions? YES/NO

If YES, please give details:

---

---

**You may also wish to provide the following optional information:**

Name of student's medical practitioner: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_

Membership No.: \_\_\_\_\_

**Transportation**

Please indicate how your child will be transported to and from Sunshine Coast City Hall on the day of the event:

- I will drop off and collect my child from Sunshine Coast City Hall.
- My child will arrive and/or depart independently (e.g., walking, public transport, bike, rideshare).
- My child will be carpooling with another student/family (please provide details below).
- Other (please specify): \_\_\_\_\_

**Arrival and Departure Requirements:**

Students must be signed in upon arrival and signed out at the conclusion of the event by a parent/carer or approved adult, unless otherwise noted above and consented to. If your child will be departing independently or under alternate arrangements, please clearly indicate this and ensure permission is provided.

All departure times prior to the scheduled end (3:00pm) must be communicated to the Program Manager in advance and will require sign-out by a parent/carer or pre-authorized adult.

**IMAGE CONSENT FORM – Study Sunshine Coast**

I give Study Sunshine Coast, Telstra and Sunshine Coast Council, the right to use my child/students’ photograph/ image/audio recording/video recording and likeness in all forms and manner for the purposes of advertising, media publicity, publication, general display or for any other relevant purposes in whole or in part.

**Consent**

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

- I give permission to take photographs and / or video of my child.
- I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes.

	Student Name:	[Person full name]	
Parent/ Carer/ Student*	Name:	[Person Parent/Guardian]	
	Phone Number:	[Person Parent/Guardian]	
	Email Address:	[Person Parent Email]	
	Signature:		Date:

<b>OFFICE ONLY</b>	Student Name:		
Study Sunshine Coast Staff to Complete	Year Level:		
	School:		
	Copy Sent to School:		
	Principal Approval Granted:		Date: