



Please ensure all information is complete. To avoid disappointment payment must be received at the time of booking
There will be no holding spaces in signing this form, I acknowledge I am responsible for dropping off and collecting my child from the Derby Memorial Swimming Pool.

Childs Name		DOB	
Childs Name		DOB	
Childs Name		DOB	
Childs Name		DOB	

Address			
Parent/ Guardian 1			
Name		Contact	
Relation to Child			
Parent/ Guardian 2			
Name		Contact	
Relation to Child			

Week 1 – Derby Memorial Swimming Pool		
	Monday, 13 January 2025	Pool Disco Party
	Tuesday, 14 January 2025	Arts and Craft -
	Wednesday, 15 January 2025	Cooking -
	Thursday, 16 January 2025	Science Day
Week 2 – Derby Memorial Swimming Pool		
	Monday, 20 January 2025	Multi – Sport Day
	Tuesday, 21 January 2025	S.T.E.M Team Games
	Wednesday, 22 January 2025	Wet and Wild Day
	Thursday, 23 January 2025	Movie Day
Week 3 – Derby Memorial Swimming Pool		
	Monday, 27 January 2025	Cooking
	Tuesday, 28 January 2025	Arts and Craft -
	Wednesday, 29 January 2025	Carnival Day
	Thursday, 30 January 2025	Board Games and Lego Day

Derby

(08) 9191 0999 | 30 Loch Street
sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



The Shire of Derby/ West Kimberley reserves the right to remove participants and contact the Caregiver and/ or the emergency contact person immediately in the event that the participant causes harm to staff and/ or other participants, they will also be removed if they display any anti-social or inappropriate behaviour.

Media Permission

Please tick only 1 box

I give permission for photos of my child to be displayed in the media releases such as Shire of Derby/ West Kimberley advertising material, brochures, posters and internal display.

I DO NOT give permission for photos of my child to be displayed in media releases such as Shire of Derby/ West Kimberley advertising material, brochures, posters and internal display

Medical Conditions

Does your child/ren have any of the following:-

- | | | | |
|------------------------------------|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> ADHD etc. |

Other

If you have ticked any of the above please provide clear details of your child/rens condition below or on separate documentation.

Is there a requirement for your child/ren to be administered medication? Yes No

If you have ticked yes to administering medication please provide clear instructions indicating quantities to be taken and applicable timeframes. Your written permission will be required should staff need to administer medication. Please complete below or on separate documentation.

Does your child have any dietary requirements, (vegetarian, vegan or allergies of any kind)?

- | | | | |
|-------------------------------------|--------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Allergies | <input type="checkbox"/> Halal |

I consent to my child receiving medical treatment in the event of illness or injury. I authorise the Shire of Derby/ West Kimberley and its employees in the event of my child sustaining injury by way of an accident or illness to obtain all necessary first aid, emergency medical, hospital and ambulance assistance and I agree to meet any expenses incurred, if applicable.

Signed _____

Date: _____

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