



Student details				
Childs Name	Age	M / F	Preferred Stroke	Medical conditions
1.				
2.				
3.				
4.				

Emergency Contact			
Caregivers Name			
Address			
Contact Number			
Contact Email			
Emergency Contact Name		Contact Number	
Relationship to the child			

Lesson Preferences				
Please indicate below your intended block (freestyle/back combined, breastroke, and butterfly).				
Block Preference	Child 1	Child 2	Child 3	Child 4
Free / Backstroke				
Breastroke				
Butterfly				

Risk Waiver & Declaration:

I agree to my child's participation in the Derby Memorial Swimming Pool Learn to Swim Program. In the case of an emergency, I authorise staff, where it is impractical to communicate with me, to arrange for my child to receive such medical or first aid treatment as may be deemed necessary. I also undertake to pay or reimburse costs, which may be incurred for medical attention or ambulance transport while my child is enrolled in the Swim School Program. I understand that although the Derby Memorial Swimming Pool and its service providers attempt to minimize any risk of injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury.

I have read and agree to the Derby Memorial Swimming Pool Learn to swim terms and conditions, Media Permission and the risk waiver YES NO

Applicants signature	Date

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



TERMS AND CONDITIONS

1. Payment of Fees

All fees are to be paid in full at the time of enrolment. Enrolment forms will not be accepted without provision for payment either in person or by receipt from either the Shire office or Derby Memorial Swimming Pool.

2. Lesson Cancellations

Unfortunately, some lessons may be cancelled due to circumstances beyond our control. In such cases, you will be issued with an opportunity to make up the cancelled class, credit to the value of the cancelled lesson/s, or receive a refund to the value of the cancelled lesson/s.

3. Swimmer Capability

All children that are enrolled into this program are required to be capable of swimming a minimum of 25m. A foundation of knowledge across all strokes is preferred (excluding butterfly). The sessions are run as intensive stroke correction, rather than a swimming lesson.

4. Supervision

Caregivers are encouraged to stay and observe their children. All supervision of the children prior to and after the session times will be the responsibility of the caregiver, in line with the Watch around Water policy.

5. Media Permission

5.1 By the centre (please tick only one box)

I give permission for photos of my child to be used by the Shire of Derby/ West Kimberley in their promotional materials. I understand this may include hard and soft copy (online), advertising material, brochures, posters and internal display.

I DO NOT give permission for photos of my child to be used by the Shire of Derby/ West Kimberley in their promotional materials. I understand this may include hard and soft copy (online), advertising material, brochures, posters and internal display.

6. By patrons

In accordance with the Derby Memorial Swimming Pool Entry Conditions, patrons under no circumstances are permitted to take photos or videos in the vicinity of our aquatic's facility, unless prior consent is sought from Facility Staff.

OFFICE USE ONLY (Fee Applicable: \$5.00 per person)

Officers Name:	Date Payment Received	Payment Type	
		Cash	EFT
Officers Signature:	Payment Amount	Receipt	
CS Number:	<i>On System</i>	<i>Emailed class time</i>	

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