



To avoid disappointment payment must be received at the time of booking

There will be no holding spaces

Please ensure all information is complete.

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			

In signing this form, I acknowledge I am responsible for dropping off and collecting my child from the Derby Memorial Swimming Pool by the time indicated.

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 displays any anti-social or inappropriate behaviour.

Week 1	
Monday, 18 January 2021	Craft in the Library
Tuesday, 19 January 2021	Wet and Wild Day
Wednesday, 20 January 2021	Cooking
Thursday, 21 January 2021	Science Day
Friday, 22 January 2021	Pool Fun Day
Week 2	
Monday, 25 January 2021	Cooking
Tuesday, 26 January 2021	NO PROGRAM (Public Holiday)
Wednesday, 27 January 2021	Carnival Mayhem
Thursday, 28 January 2021	Lego craft in the Library
Friday, 09 October 2021	NO PROGRAM (Community Pool Party)

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



Media Permission

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:-

Asthma

Diabetes

Hay fever

Seizures

Allergies

Epilepsy

Heart Problems

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)?

Yes

No

Vegetarian

Vegan

Allergies

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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