



Student details

Childs Name	Age	M / F	Date of birth	Medical conditions	Stage
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 preferred day

Day Preference	Child 1	Child 2	Child 3	Child 4
1 st preference				
2 nd preference				

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.

This credit must be redeemed for swim school enrolments within 12 months of issue.

2.1. Refunds: Swimming lessons are non-refundable, except in circumstances where lessons have been cancelled for reasons outside of our control.

2.2. Make-Up Lessons: To minimize disruptions to other students we do not offer make-up lessons during established classes. Make up lessons will be at a time determined by the Aquatic and Recreation Staff.

2.3. Absence from lessons: If your child is ill and consequently misses a lesson, we regrettably do not offer credits of any kind unless you provide a doctor's certificate.

3. Nappy Policy

All children that are not toilet trained under the age of four years are required to wear a swimming nappy at all times whilst using the swimming pool. This is in accordance with the Derby Memorial Swimming Pool Entry Conditions.

4. Supervision

Children under 3 years must be accompanied in the water with an adult at all times during lessons.

Children under the age of 10 must have a parent or guardian on the premises for the duration of the lesson.

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 aquatics facility, unless prior consent is sought from Facility Staff.

OFFICE USE ONLY (Fee Applicable:

Officers Name:	Date Payment Received	Payment Type
		Cash <input type="checkbox"/> EFT <input type="checkbox"/>
Officers Signature:	Payment Amount	Receipt
CS Number:	On System	Emailed class time

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