



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.

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 – Derby Memorial Swimming Pool	
Monday, 11 April 2022	Arts and Craft
Tuesday, 12 April 2022	Pool Fun Day
Wednesday, 13 April 2022	Cooking
Thursday, 14 April 2022	Easter Egg Hunt
Friday, 15 April 2022	PUBLIC HOLIDAY – NO PROGRAM
Week 2 – Derby Memorial Swimming Pool	
Monday, 18 April 2022	PUBLIC HOLIDAY – NO PROGRAM
Tuesday, 19 April 2022	Arts and Craft
Wednesday, 20 April 2022	Cooking
Thursday, 21 April 2022	Movie Day
Friday, 22 April 2022	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 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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