



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 program. .

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

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

Term 1 (5-week program) Starts 27 February 2024 – 28 March 2024				
Tuesday – Cricket	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	
Thursday – Tee Ball	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	
Term 2 (9-week program) Starts 23 April 2024 – 18 June 2024				
Tuesday - Athletics	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	
Thursday – Soccer	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	
Term 3 (9-week program) Starts 16 July 2024 – 10 September 2024				
Tuesday - Football	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	
Thursday - Netball	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	
Term 4 (5-week program) Starts 15 October 2024 – 12 November 2024				
Tuesday - Cricket	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	
Tuesday – Water Polo	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	
Thursday – Tee ball	Kindy -Year 3 (2:45pm -3:45pm)		Year 4 – Year 7 (3:45pm – 4:45pm)	

Derby

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

Fitzroy Crossing

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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:-

Asthma Diabetes Hay fever Physical difficulties/ Injuries

Allergies Epilepsy Heart Problems ADHD/Autism 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.

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.

Yes No

Signed: _____

Date: _____

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