

LEARN TO SWIM APPLICATION FORM

Important Information

This is an accredited **Watch Around Water** facility, meaning there are guidelines that must be followed while visiting:

Children under 5 MUST be accompanied into the water and remain within arms reach.

Children under 10 MUST be clearly and constantly visible and remain directly accessible.

All children MUST be ACTIVELY SUPERVISED at all times

Unsupervised children (of any age) will be removed from the water if the lifeguard is concerned for their safety.

Parent/Guardian & Teacher Supervision During Lessons

During a lesson, the supervising parent/guardian and Swim School teacher will share responsibility for the student's safety in accordance with the WAW policy above.

In order to uphold this shared responsibility, it is necessary that the parent/guardian be easily contactable by the teacher, and that the parent continues to keep their child **ACTIVELY SUPERVISED**, clearly and constantly visible.

Naturally, that makes leaving the facility prohibited. We find that sitting at the end of the designated lane maintains parent-teacher communication, while showing support for your little swimmer.

I understand it is a condition of entry to adhere to the Watch Around Water policy and having read the above, agree to comply:

Signed: _____ Print name: _____ Date: __ / __ / ____

ENROLMENT TYPE *(Please Select)*

- First Time Enrolment
- Previous Student

PAYMENT TYPE *(Please Select)*

- Direct Debit
- Paid In Full
- Concession
- Private

I have received:

- Terms and Conditions
- Client Portal Log In Details
- Students Class Details
- Membership Tag

STUDENT DETAILS

First Name	Surname	Date of Birth (DD/MM/YY)	Gender	Learning or Medical Needs* (Y/N)	Class Enrolment (Office Use Only)	Card # (Office Use Only)

*Does this person have any learning, language/literacy/numeracy needs or illness that may affect their swimming, interaction with their teacher or other students? (Please provide further detail below).

ADDRESS + CONTACT DETAILS

Primary Contact Name		Relation to Child	
Phone 1		Phone 2	
Email Address			
Street Number & Name			
Suburb		Postcode	
Legal Guardian <input type="checkbox"/> <i>as above</i>			
Name		Relation to Child	
Phone 1		Phone 2	
Emergency Contact			
Name		Relation to Child	
Phone 1		Phone 2	

NOMINATED CONTACT PERSONS

Colac Otway Shire is a child safe organisation. The information you provide us about your child will only be accessible by the people you nominate in this form, such as the Primary Contact nominee, Legal Guardian, Emergency Contact, and in the table below. This includes information about their class times and levels. You can update this at any time by contacting Customer Service and completing a Swim School Declaration Form.

	Authorised Person 1	Authorised Person 2
Name:		
Contact Phone:		
Relationship to Child:		
	Authorised Person 3	Authorised Person 4
Name:		
Contact Phone:		
Relationship to Child:		

DECLARATION

I, the undersigned, approve of the above application and in so doing, agree that Bluewater Leisure Centre and its officers, staff and agents shall be released from, and shall no incur, a responsibility or liability whatsoever for any accident or for any loss of property of the applicant. After reading and receiving the terms and conditions, I hereby understand and accept all the policies for this program.

I have received and read the terms and conditions.

Signed		Date	
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Privacy and Collection Notice

Colac Otway Shire and Bluewater Leisure Centre consider the responsible handling of information as a fundamental role and make a commitment to respecting and maintaining an individual's right to privacy in accordance with the Information Privacy Act 2000 (VIC). Bluewater collects personal information from members and users for the purposes of; organising and administering your membership, providing medical or first aid treatment to you and disclosing your health information to medical staff that provide medical treatment if required and sending you promotional material such as newsletters, special promotions and customer surveys related to your membership. If you refuse to supply requested information you may be refused membership, or certain aspects of memberships may not be able to be applied.

Should you need to change or access your personal details or require further information about Council's Privacy Policy contact our Senior Document Management Officer on 5232 9400.

OFFICE USE ONLY

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 Initial: Initial: Initial: Trim File no: D_____

