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:

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 PLAN: (PLEASE SELECT)

- ☐ Direct Debit
- ☐ Paid In Full

PAYMENT TYPE: (PLEASE SELECT)

- ☐ Full Fee
- ☐ Private
- ☐ Concession

Concession Card Expiry date: _____

I HAVE RECEIVED: (PLEASE SELECT)

☐ **Terms and Conditions** ☐ **Direct Debit Forms**

STUDENT DETAILS

First Name	Surname	Date of Birth (DD/MM/YY)	Gender

Does this person have any learning, communication or behavioural needs or an illness that may affect their swimming or interaction with their teacher or other students? (Please provide further details below):

CONTACT DETAILS:

Primary Contact Name:			
Relationship to Child:			
Phone:			
Email Address:			
Street Number and Name:			
Suburb:		**Postcode:**	

EMERGENCY CONTACT OTHER THAN PRIMARY CONTACT:

Emergency Contact Name:	
Relationship to Child:	
Phone:	

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

DECLARATION:

I, the undersigned, approve of the above application and in doing so, agree that Bluewater Leisure Centre and its officers, staff and agents shall be released from, and shall not 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 of this program.

☐ I have received and read the terms and conditions.

Signature:		**Date:**	

PRIVACY AND COLLACTION 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 rights to privacy in accordance with the Information Privacy Act 2000 (VIC). Bluewater collects personal information from members and users for the purpose 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 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:	CM File no: D_____