

# 2024 SESSION 2 Swim Fit Enrolment Form

## ELIGIBILITY

Session 2 of the Bordertown Swim Fit Program offers swimming classes for persons aged 10 and above or competent of swimming 25m in a recognisable stroke, confident in all depths of water, able to listen & follow instructions. Swimmers will be placed into ability based squads.

## CLASS DATES & TIMES

Session 2 Swim Fit lessons will be held at the **Bordertown Swimming Pool**.

Classes **START** the week of **01 January 2024** and will be offered on **Monday & Thursday** afternoons from 4pm.

Lessons will be held once a week over an **twelve week block** and will be for the duration of **30 minutes per lesson**.

You will be contacted before the start date on your selected contact method, regarding class times.

## FEES

POOL SEASON TICKET HOLDERS: **\$144.00**

NON SEASON TICKET HOLDERS: **\$186.00 (including the gate fee for each lesson)**

## ENROLMENT DATES & INFORMATION

Enrolments and Payments **CLOSE** on:

**22nd December 2023**

**There will be NO enrolments taken after this date - NO EXCEPTIONS**

If you have any questions regarding classes, please refer to the contact details below.

Payment can be made at the Bordertown Council Office by cash, cheque or Eftpos.

## COUNCIL OFFICE & CONTACT DETAILS

### Address:

43 Woolshed Street  
Bordertown SA 5268

Phone: (08) 8752 1044

Email: [office@tatiara.sa.gov.au](mailto:office@tatiara.sa.gov.au)



## AQUATICS COORDINATOR

Name: Laura Excell

Phone: 0419 853 107

## TERMS & CONDITIONS

(By signing the Enrolment Form you are consenting to the following)

- Class fees must be paid on enrolment
- Children do not enter the pool complex without their parent or guardian and are supervised at all times.
- On arrival, the parent/guardian should take the child to the instructor and ensure their name is marked "in" on the attendance sheet for the day.
- After class the instructor will ensure that the child is released directly into the care of the parent/guardian.
- **Parent/Guardian must advise if their child will be absent prior to the lesson commencing.**
- **Make-up classes are only available for classes missed due to illness when a medical certificate has been supplied.**
- **Please indicate if your child has a medical condition and provide details on the Enrolment Form.**
- Participants are expected to follow the Tatiara District Memorial Pool Rules (see below in *Swimming Pool Rules*).
- From time to time we may wish to take photographs of the children during lessons. **Please inform us if you DO NOT wish for your child to be photographed.**
- Personal information received by Council is handled in a confidential manner and is only disclosed to relevant and appropriate staff.

## SWIMMING POOL RULES

The facilities are provided for your enjoyment. People who behave in a dangerous or offensive manner will be asked to leave – **NO REFUND.**

1. Pool Staff are an important safety feature but are NOT intended to replace the close supervision of parents or guardians.
2. Children (10 years and under) are not allowed entry into the Pool unless under the active supervision of a person 16 years of age or older.
3. Parents & guardians **MUST** actively supervise their children at all times while in the pool grounds.
4. Children 5 years & under:
  - **MUST** be constantly supervised by a responsible person ( parent or carer)
  - **MUST** be accompanied in the water by a responsible person
  - **MUST** remain within arms reach at all times in the water
5. Children 10 years & under:
  - **MUST** be constantly supervised by a responsible person (parent or carer)
  - **MUST** be within clear view with no physical or structural barriers between you and the child.
6. For 11-14 year olds it is recommended that a parent check up on their child by physically going to the point where they are in or around the water
7. Alcohol is not permitted at any time at the Pool
8. The following is not permitted:
  - Bombing
  - Running
  - Pushing
  - Somersaults
  - Backward dives
  - Rough or boisterous behavior
9. People with medical conditions are advised to report to the Pool Manager prior to entering the water.
10. Non-swimmers using floating aids will not be permitted in areas where they cannot touch the bottom of the pool.
11. We encourage all patrons to **SHOWER** before entering the **POOL**.
12. Individuals who are infected with a gastrointestinal infection of the bowel (gastro) may contaminate the pools by carrying the organism on their body into the water or by contaminating the water as a result of accidental excretion. All patrons using public pools should **NOT** use the pool if suffering from diarrhoea and should not use the pool for **14 DAYS AFTER** symptoms have ceased.
13. It is preferred that all infants and toddlers, not toilet trained, wear nappies designed for aqua use.
14. Parents/carers of infants and toddlers should change babies' nappies in a bathroom (not at pool side) and wash hands thoroughly. Minimise accidents by assisting young children to make frequent visits to the toilet.
15. Persons with incontinence should use the toilet prior to entering the pool and periodically whilst using the pool. Wear incontinence pads and water proof undergarments with bathing costumes.
16. Persons must adhere to the COVID directives including but not limited to: social distancing, COVID-Safe Check-in/ Manual check-in and use of hand sanitizer.  
If you feel unwell, do not attend the premises.

SESSION 2 SWIM FIT ENROLMENT FORM

Please Ensure to Complete all of the Required Fields (Marked with \*)

Name of Responsible Person/s:\*

Residential Address:\*

Postal Address (if different from residential):\*

Phone:\*(Mobile) (Home)

Email:

Preferred Contact Method (Please Circle):\* Phone / Email \* NOTE: You will be contacted by this method with class times

Relationship to Child/Children:

Is English the primary language spoken at home? (Please Circle)\* Yes / No

If NO, what language is primarily spoken?

EMERGENCY CONTACT DETAILS:

Name: \* Phone:\*

Relationship to Child/Children:

CHILD 1 DETAILS:

Last Name:\* First Name:\*

Date of Birth:\*/ / Age:\* Gender (Please Circle):\* Male / Female

Preferred Day (Please Circle):\* Monday / Thursday

Medical Issues (Please Provide Details):\*

Medical Treatment Plan Details (If Applicable):

Does your child have a disability? (Please Circle)\* Yes / No

If YES, how will this affect their swimming and learning?

Please complete the table below to indicate your child’s current ability:

Able to swim 25 m	Able to swim 50 m

CHILD 2 DETAILS:

Last Name:\* First Name:\*

Date of Birth:\*/ / Age:\* Gender (Please Circle):\* Male / Female

Preferred Day (Please Circle):\* Monday / Thursday

Medical Issues (Please Provide Details):\*

Medical Treatment Plan Details (If Applicable):

Does your child have a disability? (Please Circle)\* Yes / No

If YES, how will this affect their swimming and learning?

Please complete the table below to indicate your child’s current ability:

Able to swim 25 m	Able to swim 50 m

CHILD 3 DETAILS:

Last Name:\* \_\_\_\_\_ First Name:\* \_\_\_\_\_

Date of Birth:\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age:\* \_\_\_\_\_ Gender (Please Circle):\* Male / Female

Preferred Day (Please Circle):\* Monday / Thursday

Medical Issues (Please Provide Details):\* \_\_\_\_\_

Medical Treatment Plan Details (If Applicable): \_\_\_\_\_

Does your child have a disability? (Please Circle)\* Yes / No

If YES, how will this affect their swimming and learning? \_\_\_\_\_

Please complete the table below to indicate your child’s current ability:

Able to swim 25 m	Able to swim 50 m

CHILD 4 DETAILS:

Last Name:\* \_\_\_\_\_ First Name:\* \_\_\_\_\_

Date of Birth:\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age:\* \_\_\_\_\_ Gender (Please Circle):\* Male / Female

Preferred Day (Please Circle):\* Monday / Thursday

Medical Issues (Please Provide Details):\* \_\_\_\_\_

Medical Treatment Plan Details (If Applicable): \_\_\_\_\_

Does your child have a disability? (Please Circle)\* Yes / No

If YES, how will this affect their swimming and learning? \_\_\_\_\_

Please complete the table below to indicate your child’s current ability:

Able to swim 25 m	Able to swim 50 m

RELEASE

PHOTOGRAPH RELEASE

I agree to allow the swimming instructors and Tatiara District Council staff access to photographs taken during the course of the program for future promotions or reporting purposes in any media.

(Please Circle)\* Yes / No

RELEASE

I have read, understood and agree to the *Terms & Conditions* and *Swimming Pool Rules* detailed in the enrolment package.

Signature of Parent/Guardian:\* \_\_\_\_\_ Date:\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FEE PAYMENT

Please Tick Appropriate and Write Number of Children:\*

☐ Season Ticket Holders: \$144.00x \_\_\_\_\_ (Number of Children)

☐ Non-Season Ticket Holders: \$186.00 x \_\_\_\_\_ (Number of Children)

TOTAL FEE PAYABLE: \$ .....

OFFICE USE ONLY	✓
Form Signed	
Preferred Contact Method Selected	
Details Entered in Spreadsheet	
Receipt Number:	