

## School Booking Request Form

School Details	
School Name:	
Address:	
Town:	Postcode:
Contact Phone:	
Fax:	
Email Address:	
Teacher/Person(s) in Charge:	

Pool Location		
Echuca <input type="checkbox"/>	Lockington <input type="checkbox"/>	Stanhope <input type="checkbox"/>
Colbinabbin <input type="checkbox"/>	Rochester <input type="checkbox"/>	Tongala <input type="checkbox"/>
Kyabram <input type="checkbox"/>	Rushworth <input type="checkbox"/>	

Details of Use							
DATE FROM	DATE TO	LEARN TO SWIM PROGRAM		GRADE	TIME FROM	TIME TO	Approx. No. Of Students
		30min <input type="checkbox"/>	60min <input type="checkbox"/>				
		30min <input type="checkbox"/>	60min <input type="checkbox"/>				
		30min <input type="checkbox"/>	60min <input type="checkbox"/>				
		30min <input type="checkbox"/>	60min <input type="checkbox"/>				

Users Signature: _____ Date: _____  Staff Member's Signature: _____
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## Conditions for School Bookings

*Schools will be required to provide the Campaspe Aquatic Coordinator with the confirmed number of participants at least 14 days prior to commencement of any Learn to Swim Program. Schools will be invoiced on a monthly basis according to the original confirmation.*

Bookings must be received one week prior to the proposed booking date, no booking will be accepted after this time unless agreed to by management.

No booking will be confirmed until

- The details have been discussed with the booking coordinator
- The booking details have been agreed to by the booking coordinator
- Booking conditions have been signed by the person making the booking
- This form has been returned to the centre prior to the date of the booking

The signing of the booking conditions on behalf of the school/group by its representative is an acceptance of all of the costs and charges associated with that booking

When a booking is cancelled with less than 24 hours notice a 50% fee of the confirmed price will apply

School/Group representatives must check in when they arrive at the pool on the day of the booking to complete a booking attendance sheet.

Children MUST be actively supervised at all times, this includes in the change rooms

I the undersigned understand the conditions of usage at the Campaspe Aquatic & Leisure Services. I take full responsibility for notifying the school/group of the above conditions. I understand that the Campaspe Aquatic & Leisure Services, its officers, staff and agents will not be held responsible for any occurrence which results in injury to person or property. I, on behalf of the group take full responsibility for any compensation which may be related to the activity I am conducting.

*The information contained in this document is collected to provide contact information for individuals wishing to utilise Campaspe Aquatic & Leisure Services and for other municipal purposes as specified in the Local Government Act 1989. This information may be disclosed to other areas of Campaspe Aquatic & Leisure Services/Council/medical practitioners or third parties if necessary regarding an issue with bookings, membership, and use of the facilities or emergency in accordance with the Information Privacy Act 2004 or other legislation.*

**I have read and understood the Conditions for School Bookings stated and agree to abide by them.**

Users Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_