POOL KEY HOLDER JOB DESCRIPTION

2. Must be aware of Emergency Plan.
3. Must keep area tidy at all times and be actively responsible for the supervision of any accompanying children.

EMERGENCY PLAN

DIAL 000 in case of emergency (Speed dial on pool phone.)

Please also report any emergency situations to the Principal. (Speed dial on pool phone.)

Please use the wall mounted First Aid Kit with respect and report the usage of any first aid equipment to the pool committee so that it can be replaced in a timely manner. The Kit and Spinal board are located in the First Aid Room/Disabled toilet.

FEEDBACK

Any queries, comments and feedback (positive or negative) can be directed to the Pool Committee of Management either in the sign in book or via correspondence.

Please report any offensive or destructive behaviour or non-compliance with any other rules to the Lavers Hill Police station. The Committee will then take further action as deemed necessary.

DONATIONS

Friends of the Lavers Hill Pool who would like to donate money to this facility will be recognised in the Otway Light.

FRIENDS

Guests of Pool Members who do not reside in the town may obtain a Day Pass from Yatzies if they sign a Recognition of Risk Consent Form and pay $5. A recognition of risk consent form MUST be completed before a day pass can be issued.
POOL MEMBERSHIP FEES

Family Yearly Membership $185

Single Yearly Membership $85

Family Term Membership $75

Single Term Membership $40

Single Day Pass $5

To obtain a Pool Membership please return a completed Consenting of Recognition of Risk form and money to Lavers Hill P-12 College.

Failure to complete all sections of the form will result in a refusal to issue a Membership pass. It is the responsibility of the patron or the patron’s guardian to ensure all sections are completed with the correct information.

Keys are available from Yatzies, Brauer’s or the College once a Membership pass is allocated.
RULES AND REGULATIONS

1. The Committee accepts no responsibility for any injury or accident or loss of property of any person using the pool.

2. The committee reserves the right to exclude any person or persons for offensive or destructive behaviour, or for non-compliance with any other rules as determined by the Committee of Management. Refunds will not be issued to any persons excluded from the facility.

3. It is recommended that you do not swim alone.

4. As there are no lifeguards, be aware of rescue equipment and the Emergency Plan. Please familiarise yourself with signage.

5. Responsible adult members have the right to report any person or persons for offensive or destructive behaviour, or for non-compliance with any other rules as determined by the Committee of Management.

6. Members and guests are to comply with all safety rules prescribed by the Committee of Management.

7. The following are NOT permitted at the pool:

   Smoking, Alcohol, Animals, Glass, Bicycles, Skateboards, Roller skates, Food, Balls*

   *Inflatable balls are permitted under direct parent supervision.

8. Financial members have the use of the pool between 8.00 am and 9.00 pm except during designated timetabled sessions on school days, and immediately after school on Monday, Wednesday and Friday. These timetabled sessions are published in the Otway Light at the beginning of each term, and displayed at the pool. It is the responsibility of the member to ensure they only make use of the facility during these times.

9. Parents/Guardians are to accept responsibility for the safety and supervision of their own children. This requires parents/guardians to ACTIVELY SUPERVISE all children in their care.

10. Children under 18 years of age are not permitted entry unless accompanied by a responsible adult, 18 years and over.

11. Members have no authority to allow non-members to enter the pool unless they are bona-fide guests.** **NB. Guests are persons who are not members.

12. Members must accompany guests and are totally responsible for their adherence to rules. Membership for guests per day is $5. Guests must sign a Consenting Recognition of Risk Form. Money and form must be deposited at either the College or Yatzies.

13. Annual Membership passes will be issued on February 1st each year.

14. Family Membership subscriptions $165 per family includes all family members who are dependent and reside at the same address.

15. A member shall be responsible to repair and replace any damage caused by that member or those members’ guests or children, to the pool or any part of the College premises.
Lavers Hill Heated Swimming Pool Committee of Management—Consenting Recognition of Risk

I/We wish to participate in the recreational activity program of the Lavers Hill Heated Pool operated by the Lavers Hill Pool Committee of Management.

I understand that the activities in which I may participate:

- Can be physically and emotionally demanding and
- May involve a significant risk of physical harm.

My participation in any activity is voluntary and not compulsory.

I understand certain inherent risks exist in the activities in which I will be participating. Although the organisation and its instructors will provide me with appropriate directions and will endeavour to minimise my exposure to the risk of harm, these inherent risks are beyond the control of the Lavers Hill Pool Committee of Management, Colac Otway Shire and the Department of Education, Victoria, its volunteers and staff and cannot be avoided by the exercise of reasonable care and skill. Inherent risks include changes in weather conditions and difficulties in obtaining emergency medical assistance.

I/We are aware that there are some risks common to many or all of the activities in which I may participate, such as the risk of harm caused by varying weather conditions, by uneven or changing terrain and by native flora and fauna. However, some activities in which I may participate carry with them risks of harm that are particular to that activity, such as the following risks:

* Drowning  
* Slipping or falling and impacting head and or limbs on hard surfaces

* Eye, nose and ear irritations  
* Cramping of muscles

* Ingestion of chemical or community bathing water

* Accidentally pushing over and or falling into the pool or colliding with the decking area

A comprehensive risk management process has been completed at Lavers Hill pool and this document is available at the College and is subject to ongoing review.

I authorise the Lavers Hill Pool Committee of Management to arrange medical treatment and emergency evacuation services on my behalf and at my cost, in the event of any injury or illness, as deemed necessary.

When participating in any of these activities, I will ensure that I attend with the appropriate personal gear for the activity. I understand the Lavers Hill Pool Committee of Management accepts no responsibility for the safekeeping of personal items.

Lavers Hill Swimming Pool 2012  
Family name of participants ________________________________

Address  
______________________________________________________

Contact Number: ____________________________  Mobile ____________________________

Participants must personally sign if they are 18 and over, and a parent or Legal Guardian if under 18:

Participant ____________________________ Signed ____________________________

Participant ____________________________ Signed ____________________________

Participant ____________________________ Signed ____________________________

Participant ____________________________ Signed ____________________________

Participant ____________________________ Signed ____________________________

Participant ____________________________ Signed ____________________________

Participant ____________________________ Signed ____________________________

Participant ____________________________ Signed ____________________________

WITNESSED ____________________________ SIGNED ____________________________ DATE ____________________________
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* Cramping of muscles
* Ingestion of chemical or community bathing water
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Lavers Hill Swimming Pool 2012

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Address _______________________________________________________________________________________________

Contact Number: ____________________________           Mobile__________________________

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Participant __________________________________________Signed_______________________________________________

Participant __________________________________________Signed_______________________________________________

Participant __________________________________________Signed_______________________________________________

Participant __________________________________________Signed_______________________________________________

WITNESSED_______________________________________SIGNED___________________________DATE______________