Lavers Hill K-12 College Swimming Pool & Gym

GUIDE FOR USERS

2023

Cash or EFTPOS payment can be made at Lavers Hill College office during School Hours or

Electronic Funds Transfer to

BSB 063 510

Acct Number <u>10070365</u>

Lavers Hill K-12 College

Please reference Pool and Name

Please note due to increase running costs memberships have been increased by 25% as of May 2022

POOL MEMBERS

- 1. Must abide by all Lavers Hill Swimming Pool current and future Rules & Regulations.
- 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

Please also report any emergencies 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 to poolandgym@lavershillp12c.vic.gov.au.

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/Gym Members who do not reside in the town may obtain a Day Pass from the college office if they sign a Recognition of Risk Consent Form and pay \$5. Guests must be accompanied by a Member.

Recognition of risk consent form MUST be completed before a day pass can be issued.

MEMBERSHIP FEES

Family Yearly Membership [pool or gym] \$250 – Valid for a whole calendar year

Single Yearly Membership [pool or gym] \$125 - Valid for a whole calendar year

Family Term Membership [pool or gym] \$95 - Valid for a 3 month period

Single Term Membership [pool or gym] \$50 - Valid for a 3 month period

Single Day Pass \$5

Family Pool <u>and</u> Gym Yearly Membership \$287.50 – Valid for a whole calendar year

Single Pool <u>and</u> Gym Yearly Membership \$162.50 - Valid for a whole calendar year

Family Pool <u>and</u> Gym Term Membership \$132.50 - Valid for a 3 month period

Single Pool <u>and</u> Gym Term Membership \$87.50 - Valid for a 3 month period

Single Day Pass \$5

To obtain a Pool & Gym Membership please return a completed Consenting of Recognition of Risk form and money to Lavers Hill K-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. Pins/Fobs or an App are available from 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.
- 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.
- 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 8.00am and 9.00pm except during designated timetabled sessions on school days. 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. 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 the College Office.
- **13.** Family Membership subscriptions are \$250 per family includes all family members who are dependent and reside at the same address.
- **14.** 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.

RETURN THIS COPY TO LAVERS HILL P-12 COLLEGE OFFICE

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 participa	ate:	PIN	
Can be physically and emotionally demandir	ng and	FOB	
May involve a significant risk of physical harr	m.	APP	
provide me with appropriate directions and will endea the control of the Lavers Hill Pool Committee of Mana volunteers and staff and cannot be avoided by the exconditions and difficulties in obtaining emergency med I/We are aware that there are some risks common to	es in which I will by vour to minimise agement, Colac Officer of reasonadical assistance, many or all of the changing terrain a	re participating. Although the organisation and its instructors my exposure to the risk of harm, these inherent risks are be atway Shire and the Department of Education, Victoria, its ble care and skill. Inherent risks include changes in weather activities in which I may participate, such as the risk of harmand by native flora and fauna. However, some activities in wat activity, such as the following risks:	eyon er m
*Drowning	* Slipping or falli	ing and impacting head and or limbs on hard surfaces	
*Eye, nose and ear irritations	* Cramping of m	uscles	
*Ingestion of chemical or community bathing water area	*Accidently push	ning over and or falling into the pool or colliding with the dec	king
is subject to ongoing review. I authorise the Lavers Hi evacuation services on my behalf and at my cost, in tl	ill Pool Committed he event of any in ppropriate persor	overs Hill pool and this document is available at the College e of Management to arrange medical treatment and emerge njury or illness, as deemed necessary. When participating in hal gear for the activity. I understand the Lavers Hill Pool ng of personal items.	ency
Participants must personally sign if th	ey are 18 and o	over, and a parent or Legal Guardian if under 18	
MEMBERSHIP APPLICATION FORM			
Family name of participants			
Address		·	
Contact Number	Mobi	ile	
Email address			
Family Pool or Gym Yearly Membership \$25 Single Pool or Gym Yearly Membership \$125 (please circle above whether pool or gym)	5 Singl	K BOX ily Pool & Gym Yearly Membership \$287.50 le Pool & Gym Yearly Membership \$162.50 erships also available [see page 2]]
Participant	Signed		
Participant			
	Signed		
Participant	Signed		
Dorticinant			
Participant	Signed		

SIGNED

WITNESS NAME____

DATE

Physical Activity Readiness - Questionnaire FORM Lavers Hill K-12 College - Pool & Gym Use

Name			
Address			_
Email			
Emergency Contact	PHONE		
Commencement Date			
Please mark YES or No to the following:		YES	NO
Has your doctor ever said that you have a heart only medically supervised physical activity?	condition and recommended		
Do you frequently have pains in your chest when	you perform physical activity?		
Have you had chest pain when you were not doi			
Do you lose your balance due to dizziness or do y			
Do you have a bone, joint or any other health prolimitations that must be addressed when develop (i.e. diabetes, osteoporosis, high blood pressure, hanorexia, bulimia, anemia, epilepsy, respiratory a	oing an exercise program high cholesterol, arthritis,		
Are you pregnant now or have you given birth within the last 6 months?			
Have you had a recent surgery?			
If you have marked YES to any of the above, plea	ase elaborate below:		
Do you have any chronic illness or physical limitat		Yes/N	lo
Do you have any injuries or orthopedic problems		ulder, wr	ist or neck
issues? YES/NO Please specify			
Do you take any medications, either prescription	or non-prescription, on a regular basis	s? Yes/N	lo
What is the medication for?			
Signature	Date		
Witness signature	Date		