



# Application for use of Public Swimming Pools

PLEASE RETURN FORM TO: General Manager, Cessnock City Council, P O Box 152, CESSNOCK 2325

<b>Name of Organisation:</b>			
<b>Is Organisation Incorporated?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Contact Name:</b>		<b>Position:</b>	
<b>Address</b>		<b>Phone No:</b>	

Carnivals			
<b>Pool Required:</b>	Branxton <input type="checkbox"/>	Cessnock <input type="checkbox"/>	
<b>Name of Representative Responsible for Group?</b>			
<b>Special Requirements:</b>			
<b>Are there spectators attending?</b>		<b>If so how many?</b>	
<b>Area of Pool/Number of Lanes Needed:</b>		<b>Expected Number of Users:</b>	
<b>Average age and swimming ability of group.</b>		<b>Is any of the group under 10 years of Age?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Will you be providing trained Attendants?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many .....
Option	Date	Time	
Option 1			
Option 2			
Option 3			

Fun Days			
<b>Pool Required:</b>	Branxton <input type="checkbox"/>	Cessnock <input type="checkbox"/>	
<b>Name of Representative Responsible for Group?</b>			
<b>Special Requirements:</b>			
<b>Are there spectators attending?</b>		<b>If so how many?</b>	
<b>Area of Pool/Number of Lanes Needed:</b>		<b>Expected Number of Users:</b>	
<b>Average age and swimming ability of group.</b>		<b>Is any of the group under 10 years of Age?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Will you be providing trained Attendants?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many .....
Option	Date	Time	
Option 1			
Option 2			
Option 3			

## Learn to Swim/Intensive Swimming

Please ensure that Instructor Insurance details (public liability etc), Instructor/Aus Swim Certification, Coach – Level 1 Certification and First Aid Certificates are attached to this application

<b>Pool Required:</b>	Branxton <input type="checkbox"/>	Cessnock <input type="checkbox"/>	
<b>Name of Representative Responsible for Group?</b>			
<b>Special Requirements:</b>			
<b>Are there spectators attending?</b>		<b>If so how many?</b>	
<b>Area of Pool/Number of Lanes Needed:</b>		<b>Expected Number of Users:</b>	
<b>Average age and swimming ability of group.</b>		<b>Is any of the group under 10 years of Age?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Will you be providing trained Attendants?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many .....
<b>Dates:</b>	From ..... To .....		
<b>Day</b>	<b>From</b>	<b>To</b>	
Monday		AM/PM	AM/PM
Tuesday		AM/PM	AM/PM
Wednesday		AM/PM	AM/PM
Thursday		AM/PM	AM/PM
Friday		AM/PM	AM/PM
Saturday		AM/PM	AM/PM
Sunday		AM/PM	AM/PM

## Weekly Swimming

<b>Pool Required:</b>	Branxton <input type="checkbox"/>	Cessnock <input type="checkbox"/>	
<b>Name of Representative Responsible for Group?</b>			
<b>Special Requirements:</b>			
<b>Are there spectators attending?</b>		<b>If so how many?</b>	
<b>Area of Pool/Number of Lanes Needed:</b>		<b>Expected Number of Users:</b>	
<b>Average age and swimming ability of group.</b>		<b>Is any of the group under 10 years of Age?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Will you be providing trained Attendants?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many .....
<b>Dates:</b>	From ..... To .....		
<b>Day</b>	<b>From</b>	<b>To</b>	
Monday		AM/PM	AM/PM
Tuesday		AM/PM	AM/PM
Wednesday		AM/PM	AM/PM
Thursday		AM/PM	AM/PM
Friday		AM/PM	AM/PM
Saturday		AM/PM	AM/PM
Sunday		AM/PM	AM/PM

## CONDITIONS OF USE

1. All hirers shall comply with Cessnock City Council Conditions of Use of premises and equipment as set out below. Any failure to abide by these conditions shall result in cancellation of this agreement.
2. Council facilities must be left in the same condition in which they are found.
3. The user is responsible for cleaning of all rubbish before departing from the centre and returning all equipment to its appropriate place.
4. The user must ensure that all fixtures and fittings are not removed, defaced, or damaged in any manner by persons using the facility. If in the event of damage the cost of repair will be the responsibility of the hirer.
5. No permanent decorations, fixtures, or posters of any manner are to be erected in any part of the pool and surrounds without the written permission of the Pool Superintendent.
6. All breakages, damages, or losses must be reported immediately to the Pool Superintendent and an incident report completed.
7. For the purpose of the issue of Family Passes, a "Family" is defined as "the names listed on a Medicare Card" and will continue to include Foster Children.
8. It is the responsibility of the hirer to ensure that all activities conducted within their responsibility abide by these Conditions of Use. As such, the following activities are not allowed:
  - Drinking of any alcoholic substance
  - Use of any Drug related substance
  - Smoking
  - Swearing or abusive behaviour
  - Dangerous or unsafe behaviour
  - Destructive behaviour to property and fixtures of the Swimming Pool
  - No glass containers of any kind to be brought into the pool grounds.
  - No pass-outs will be issued for any of Council's Aquatic Facilities.

I have read and understood the conditions as detailed above and agree to abide by these Conditions.

**Signed on Behalf of Hirer:** \_\_\_\_\_

**Signed on behalf of Cessnock City Council:** \_\_\_\_\_

OFFICE USE ONLY			
<b>Booking For:</b>	Branxton <input type="checkbox"/>	Cessnock <input type="checkbox"/>	
<b>Booking Registered by Council Officer:</b>		<b>Date:</b>	
<b>Public Liability Insurance Required:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Training Certificates Required:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Copy of Certificate of Currency Provided? (attached to request)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Copy of Certificates provided? (attach to request)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Fee Applied</b>	\$	<b>Fee Paid:</b>	Cheque: <input type="checkbox"/> On Invoice: <input type="checkbox"/> Cash: <input type="checkbox"/>
		<b>Income No: 2580.915.616</b>	
<b>Comments:</b>			