



Submit this  
application at your  
local government  
office.

## KidSport Regional Pools Program

The KidSport Regional Pools Program (KRPP) is being run by the Department of Creative Industries, Tourism and Sport (CITS) to enable eligible Western Australian children aged 5 to 18 years to strengthen their swimming skills by offering a free pool pass to access selected community pools in targeted regional areas.

To support ongoing participation in community sport, eligible children may access this subsidy in addition to the existing KidSport voucher program. Applications for KidSport must be made separately via the online portal.

Passes are only valid for the eligible child and are not transferable.

### Eligibility criteria

To be eligible for the KRPP the child must be:

- attending an approved regional community pool for the allocated season
- aged 5 to 18 years inclusive at the time of application
- residing in regional Western Australia
- named on a valid Services Australia Health Care Card or Pensioner Concession Card, with the child's unique Customer Reference Number (CRN) visible.

### Application process

- 1 Check your child is eligible.
- 2 Complete this form and attach a copy of your concession card.
- 3 Submit the form to your participating local government office. Once assessed and approved, you will receive a pool pass directly from your local government.

Find out more information online at [cits.wa.gov.au/regional-pools](http://cits.wa.gov.au/regional-pools)

# Application form

Please complete the following information to apply for the KidSport KRPP.

## Child details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Male  Female  Non-binary  Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What local government do they live in? \_\_\_\_\_

Does your family speak a language other than English at home? Yes  No

Are they Aboriginal/Torres Strait Islander? Yes  No  Do they have disability? Yes  No

Does the child or parent identify as an asylum seeker, refugee, or other humanitarian entrant? Yes  No

Is this child in out-of-home care? Yes  No

If yes, please check which type of care:

Foster care  Boarding school  Informal care  Formal state care — Care of the CEO

How did they hear about the KRPP? \_\_\_\_\_

Have you applied for KidSport in the past year? Yes  No

Which pool are you applying for a season pass? \_\_\_\_\_

What type of pool pass are you applying for (e.g. 10 visit, 1 month, 3 month)? \_\_\_\_\_

How many times are you likely to attend in a season? \_\_\_\_\_

Did you apply for a regional pool pass for your pool last year? Yes  No

## Parent/guardian details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Suburb: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Declaration

By signing below, you are acknowledging that:

- You have read and understood the information provided on this document and that the child is eligible to apply.
- You have provided a copy of a valid concession card when submitting this application form to the nominated local government.
- CITS or the local government may contact you by phone or email regarding your application and may request feedback on the program for evaluation.
- Parents/guardians acknowledge that the particulars of their child's application will be verified by the local government, under agreement with CITS, as part of the eligibility assessment, and that their application may be declined during the verification process if the child is found not to meet the eligibility criteria.
- Parents/guardians acknowledge that, to the maximum extent permitted by law, the WA Government will not be held responsible or liable for any loss or damage to person or property, or any indirect or consequential loss, arising from a child's participation in a sport or recreation activity at the nominated swimming pool.
- You agree to abide by the rules of the nominated swimming pool and have read and understood the pool/s code of conduct, member protection policy and child safe standards, as well as any other safety procedures or policies relevant to ensuring child safety and wellbeing, to the extent that they exist.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FOR OFFICE USE ONLY (local government to complete)

Health Care Card/Pensioner Concession Card number: \_\_\_\_\_

Card sighted and

attached  By signing below, I confirm that I have reviewed the child's application and attached concession card and this child meets the eligibility criteria.

LGA assessor name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_