



Rockingham  
Aquatic Centre

A City of Rockingham Community Facility

## Learn to Swim Enrolment Form

### Participant details

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Most recent level achieved: \_\_\_\_\_

*If level is unknown please list in the comments section below your child's water skills*

*Please attach a copy of the last swimming certificate*

Does the participant have any medical conditions? If yes, please state: \_\_\_\_\_

\_\_\_\_\_

Preferred  
days:

Mon

Tue

Wed

Thu

Sat

Sun

### Parent / Guardian details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact No: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

I agree to receive email information from the City of Rockingham Leisure Facilities team in relation to Learn to Swim programs.

<b>Office use only:</b>	
<b>DS Links</b>	<b>Links ID</b>

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