



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 Wed

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.

Office use only:	
DS Links	Links ID

Council Avenue Rockingham Western Australia

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