



Rockingham
Aquatic Centre

A City of Rockingham Community Facility

Squad Training Enrolment Form

Participant details

Name: _____

D.O.B: _____ Age: _____ Male Female

Please note: Squad members must have completed level six to join this program and attach the certificate.

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

Preferred day: Mon Tues Wed Thurs

Times: *4pm – 5pm junior squad; 5pm – 6pm senior squad*

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 Number	Links ID

Council Avenue Rockingham Western Australia

● PO Box 2142 Rockingham DC Western Australia 6967 ● Telephone (08) 9591 0830

● Email aquaticcentre@rockingham.wa.gov.au ● Council website: www.rockingham.wa.gov.au