Rockingham Aquatic Centre
A City of Rockingham Community Facility

Learn to Swim Enrolment Form

Participant details

Name:			
Date of birth:		Age:	
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 advise:			
Preferred days:	☐ Mon ☐ Tue ☐ Wed ☐ Thu		
	Lesson days and times are determined by demand, with priority given to days receiving the most interest. Classes are usually scheduled between 3.30pm-5.30pm, however not all days may be offered, as classes will only be scheduled where sufficient demand exists.		

Parent/Guardian details

Name:	
Address:	
Suburb and postcode:	
Phone No:	
Email:	
Emergency contact name:	
Emergency contact number:	
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.

Collection Notice

The City of Rockingham is collecting your personal information for the purpose of processing and managing swimming enrolments. It may also be used for secondary purposes which would be reasonably expected.

Your personal information will not be disclosed to any other party without your consent unless required or authorised by law. If you choose not to provide your personal information, we may be unable to process your enrolment.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

Office use only:			
Processed by:		**Date:**	
Payment received:		**Customer No.**	