DATE TURNED IN:	DA	ΛTE	<b>TURNED</b>	IN:	
-----------------	----	-----	---------------	-----	--



## PRIVATE LESSON REGISTRATION

## **LESSON INFO:**

Ages 3 & UP

**Days/Times:** 

Based on Instructor Availability **Duration:** 

6 lessons-30 minutes each

							F	-	E		Į		S	;	,					
•	•	•	•	•	•	•				•		•	•		•			•	•	

**Member Fee:** \$120.00

Non-Member Fee: \$175.00

\*Payment due on 1st day of lessons
\*NO CASH

PREFERRED INSTRUCTOR:
PREFERRED DAYS/TIME:

Initials: \_ \_ \_ Account #: \_ \_ \_ \_

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

Paid by: \_\_\_\_\_

Check #: \_\_\_\_ CC:\_\_\_\_

Once you complete this form and turn into Front Desk, an Instructor will get back to you as soon as they can, to set up the first lesson time/day.

SWIMMER INFO:

	OTTIMIMENT TO S									
LAST:	FIRST:	AGE:	GENDER:							
			M OR F							
	PARENT/GUARDIAN INFO:									
LAST:		CONTACT #:								
EMAIL ADDRESS:										
EMERGENCY CONTACT NAME:		RELATIONSHIP:								
ANY EXTRA INFO INSTRUCTOR NEEDS TO KNOW ABOUT YOUR SWIMMER: (MEDICAL, ETC.)										
PERSONAL SWIMMING HISTORY QUESTIONNAIRE:										
Can the participant swim 25 yards (1 lap) on top of the water without stopping? YES OR NO										
Can the participant swim freestyle with side breathing? YES OR NO										
How comfortable is the participant in the water?										
What do you expect/want to get out of these lessons?										
In case of an emergency, I authorize PARDS swimmer named above. I agree not to hold P			OFFICE USE ONLY:							

participating in swim activities.

NSF Fee of \$25.00 will be charged for all returned checks. Initials: \_\_\_\_\_

Parent signature: \_\_\_\_\_