

## PRIVATE SWIM INSTRUCTION REGISTRATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Student(s) Name(s) and Ages: \_\_\_\_\_

**WHAT TIME OF DAY DO YOU PREFER TO WORK WITH AN INSTRUCTOR?**

- Early Morning (before 8 AM)     
  Lunch Hour (11 AM - 2 PM)     
  Evening (4 PM - 7 PM)  
 Mid Morning (until 12 PM)     
  Early Afternoon (2 PM - 4 PM)     
  Late Evening (after 7 PM)

**I WOULD LIKE TO REQUEST:**

- A female instructor     
  A male instructor     
 \_\_\_\_\_ (Instructor's Name)     
 No preference

**HOW MANY LESSONS WOULD YOU LIKE TO SCHEDULE WITH YOUR INSTRUCTOR?**

- 1 lesson for an adult or child (\$35)     
 3 lessons with 1 adult or child (\$80)  
 3 lessons with 2 children (\$125)     
 3 lessons with 3 children (\$195)

What is the participant's specific swimming goals? \_\_\_\_\_

Does the participant have a fear of water?       Yes       No

What is the participant's current swimming ability? \_\_\_\_\_

**TO BE FILLED OUT BY SUWC STAFF:**

# of Lessons: \_\_\_\_\_

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

**(Aquatics Coordinator)**

Assigned Instructor: \_\_\_\_\_

Date Given to Instructor: \_\_\_/\_\_\_/\_\_\_

**(Instructor)**

Date Contacted: \_\_\_/\_\_\_/\_\_\_

Date of First Session: \_\_\_/\_\_\_/\_\_\_

**(Desk Attendant)**Payment Type:     Cash Check ( # \_\_\_\_\_ ) Credit Card ( Type: \_\_\_\_\_ )**Must pay in full before 1st lesson**

Date Paid: \_\_\_/\_\_\_/\_\_\_

Initial: \_\_\_\_\_