

Date: _____ PRIVATE and SEMI-PRIVATE LESSON INTAKE FORM

***we now offer registration online. Have you checked out those times? Will they work? If not please fill out this form and hand it to the membership desk**

Name of Child(ren): _____ Age(s): _____

Name of Parent: _____

Email: _____ Phone Number: _____

(circle one) Private Lessons (1:1) Semi-Private Lessons (up to 3)

(circle one) How many lessons: 1 - 5—7 lessons (lessons are 30 mins)

Is there a specific goal you would like accomplished? (overcome fear of water, stroke development, challenged more 1:1)

When would you like to start lessons?: _____

Is there a specific end date you have?: _____

Family's Availability

Please list some specific times on the days you are available. "X" out days of the week that don't work for your family.

MON _____ TUES _____ WED _____ THUR _____ FRI _____ SAT _____

****Lessons are scheduled based on when you and the instructor can meet****

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