



Private Swim lesson request form

Date of request _____

Instructor _____

Member Non-member Request: Private Semi-private

Student _____ Age _____ Parent _____
E-Mail Address _____
Phone (H) _____ (W) _____ Level of Swimmer _____

Student _____ Age _____ Parent _____
E-Mail Address _____
Phone (H) _____ (W) _____ Level of Swimmer _____

Student _____ Age _____ Parent _____
E-Mail Address _____
Phone (H) _____ (W) _____ Level of Swimmer _____

Days, Time Frames, and Instructor Requests: Date you would like to start: _____
1st Choice _____ 2nd Choice _____ 3rd Choice _____

Day _____ and Time _____ of lesson. Date of first Lesson _____

Private Swim Lesson Agreement

30-minute private lesson

- Member \$65
- Non-Members \$75

5 / 30-minute private lessons

- Member \$210
- Non-Member \$260

30-minute semi-private lesson

- Member \$80 for both swimmers
- Non-Members \$90 for both swimmers

5/ 30-minute semi-private lessons. Max 3 swimmers

- Member \$275 for both swimmers. 3rd swimmer additional \$85
- Non-Member \$335 for both swimmers. 3rd swimmer Additional \$110

TOTAL DUE _____

- ✗** All participants will agree upon scheduling and cancellation.
- ✗** If a private lesson student is unable to attend their lesson, they must call the Swim Instructor. We ask that you call and cancel at least 24 hours in advance, as a courtesy to our instructors. If you do not call and cancel at least 24 hours in advance, we must deduct this lesson from your contract to compensate the instructor.

Instructor _____ Phone _____

Student/Parent

Instructor

WAIVER OF LAIBILITY AND MEDICAL CLEARANCE

I accept full responsibility for my and/or my child's use of the equipment and the facilities at The Workout Club, and will observe all facility regulations.

Waiver of Liability

In consideration of being permitted to participate in swimming lessons, on behalf of myself, my heirs, and my assigns, I hereby release The Workout Club from liability for damages, loss of property, injury or death to myself or my child while using the facility, equipment, or in any way associated with participating in the activity of swimming now or in the future, resulting from the ordinary negligence of The Workout Club, its agents or employees.

Medical Clearance

Many health benefits come along with exercise. If you or your child have had any health problems, physical activity might not be appropriate, and you should seek medical advice regarding the type of activity most suitable for you and/or your child. Heart problems, pain in your heart or chest, fainting spells or dizziness, high/low blood pressure, bone or joint problems, or any other medical conditions not mentioned here are good reasons to check with your doctor before starting any new fitness routine.

I have read and understand the above information and hereby release the Workout Club from all liability.

Signature of Participant or Parent/Guardian of Minor Participant / /
Today's Date

Private Lessons

Each lesson is a 1/2 hour long
Number of lessons purchased _____
Price for lessons _____
Private or Semiprivate
Date _____

All lessons must be completed within 90 days from above date. All lessons not completed within this period will be forfeited.

Please note: by signing you agree to our cancellation/refund policy.

There will be no classes made up unless the club cancels the class.

For cancellations made less than 24 hours in advance, a lesson will be deducted from the package. The instructor will wait no more than 15 minutes past the agreed start time. The class will run to the scheduled 30-minute stop time regardless of the time started unless the late start is due to the instructor. There are no refunds because of weather, but the class will be rescheduled. Classes are scheduled between you and your instructor. Contact arrangements should be made between you and the instructor in case of a cancellation or delay.

A waiver has been signed and is on file.

Name of participant (s): _____ Phone # _____

Name of Purchaser _____

Instructor _____ Phone # _____

Signature of Purchaser _____

Signature of Instructor _____ Date _____

Date of completion _____ Date sent to accounting _____

One copy to participant, one copy to instructor, One copy to accounting and one copy to Children's/Aquatics Director. Attach copy of receipt to accounting copy and another receipt copy to participant copy.

Complete the reverse side of this form for each lesson.

Private Swimming Lesson

Helping you get the results you want!

Tracking Sheet

Session	Date	Time	Customer's Signature	Instructor's Signature
1				
2				
3				
4				
5				