

Aquatics Personal Training Request Form

Participant's Name: _____ Age: _____ D.O.B: _____
 Parent name (if applicable): _____
 Referred by: _____
 Date requested: _____ Phone Number: _____
 Email Address: _____
 Preferred Method of Contact for Scheduling (Please circle): phone call text email

Training Packages

Private Sessions		Small Group Sessions	
Member	Non-Member	Member	Non-Member
Single: \$27	Single: \$29	Single: \$23	Single: \$26
4 pk: \$98	4 pk: \$106	4 pk: \$82	4 pk: \$94
8 pk: \$181	8 pk: \$201	8 pk: \$154	8 pk: \$178

All trainings are 30-minute sessions. Prices are per participant.

Aquatic Training participants must be 12 or older

Training Information

of sessions per week: _____
 # of sessions desired: _____ (see pkg. types)

Please list any special goals you would like to achieve with these sessions/reason for joining training
 (Muscle strength, exercise, weight loss, medical, flexibility, arthritis, other):

Is there a specific Aquatics Trainer you prefer?
 (if an instructor's availability is full, you may not be guaranteed a specific instructor)

Participant Availability

Best Times for Lessons (please circle):

7am-11am 11am-2pm 2pm-4pm 4pm-7pm

Best Days for Lessons (please circle): M T W Th F Sat Sun

Please list any medical concerns or special notes for the instructor:

Once you have requested training, we will pair you with an instructor who will contact you personally to schedule sessions. When there are many requests, it may take some time to find an available instructor, especially if you indicate a very limited availability/one specific instructor.

You will be contacted as soon as an instructor is available.
 All payment will be collected on or before the first session.

For additional information please contact:
 Rachele Mullen, Aquatics Coordinator at rachelem@fivepointswashington.org or
 444-8222 ext. 24