

## **Aquatics Personal Training Request Form**

Participant's Name:				Age: _	D.O.B:
Parent name (if application	ıble):				
Referred by:					
Referred by: Phone Number:					
Email Address: Preferred Method of Contact for Scheduling (Please circle): phone call text email					
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Training Packages					
	Private Sessions Small Group S			oup Sessions	
	Member	Non-Member		Non-Member	
	Single: \$29	Single: \$31	Single: \$25	Single: \$28	
		4 pk: \$116			
	8 pk: \$200	8 pk: \$216	8 pk: \$164	8 pk: \$192	
All trainings are 30-minute sessions. Prices are per participant.					
Aquatic Training participants must be 12 or older					
4					
# 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-11a	ım 11am-2pı	m 2pm-4p	om 4pm-7pi	m
Best Days for Lessons (please circle): M T W Th F Sat Sun Please list any medical concerns or special notes for the instructor:					
Ince vou have requeste	ed training w	ve will nair voi	u with an in	structor who	will contact you personally

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.