

Swim Training Request Form

Participant's Name:				Age: _	D.O.B:
Parent name (if applicab	ole):				
Referred by:					
Referred by: Date requested:	Phone Num	ıber:			
Email Address: Preferred Method of Cor					
Preferred Method of Cor	ntact for Sch	eduling (Please	circle): pho	ne call text	t email
	Sv	vim Traini	ng Pack	ages	
	Private Sessions		Small Gro	oup Sessions	
	Member	Non-Member	Member	Non-Member	
	Single: \$29	Single: \$31	Single: \$25	Single: \$28	
	4 pk: \$108	4 pk: \$116	4 pk: \$92	4 pk: \$104	
	8 pk: \$200	8 pk: \$216	8 pk: \$164	8 pk: \$192	
All trainings are 30-minute sessions. Prices are per participant.					
Potentials swim training clients will be required to come to a complimentary pre-req swim test to swim 25					
yards unassisted. If you cannot swim 25 yards unassisted, please inquire about swim lessons.					
# 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 (swim training, swim endurance, stroke development, competitive swimming skills, preparing for an event, other):					
(if an instructor's availability is full, you may not be guaranteed a specific instructor)					
Participant Availability Best Times (please circle):					
8-9 AM, 9-10 AM, 10-11 AM, 11-12 AM, 12-1 PM, 1-2 PM, 2-3 PM, 3-4 PM, 4-5 PM, 5-6 PM, 6-7 PM, 7-8 PM					
Best Days for Lessons (please circle): M T W Th F Sat Sun Please list any medical concerns or special notes for the instructor:					
-	•	-			will contact you personally

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.