



# Private Swim Lesson Request Form

Today's Date: \_\_\_\_\_

**THIS IS A REQUEST FORM:** After it is filled out, it will be forwarded to the Aquatics Department to schedule your first appointment. You can take care of payment at the Member Services Desk after your first appointment is made. **Payment is due before your first lesson.**

**GENERAL INFORMATION:** Private Swim Lessons are available for those seeking more specific swim instruction. Private lessons are offered for all ages and ability levels. Students work on swimming skills appropriate for their ability and in accordance with their individual goals. Prices are listed in our current website under the Aquatics Tab. **Lessons must be used within one year of the start date.**

Price: 4 Lessons: Member \$100/ Non-Member \$150  
1 Lesson: Member \$25/ Non-Member \$37.50

**PROCEDURE:** Fill out this form and return to the Member Services Desk. Indicate the number of lessons desired. You will be contacted to arrange the lessons. After your first appointment is scheduled, then stop by the front desk to pay. Please contact the Aquatics Director at (715) 952-9377 or [mklasinski@spymca.org](mailto:mklasinski@spymca.org) with any questions.

Type of lesson desired:       Private Lesson (30 Minutes)       Semi-Private Lesson (30 Minutes)

**Participant 1:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Communication Preference: E-mail/Text Message/Phone Call/No preference

Number of Lessons Requested: 1 or 4

Preference: Male instructor/Female instructor/No preference/Specific Instructor: \_\_\_\_\_

**Participant 2:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Days Available (circle all that apply):    MON    TUES    WED    THU    FRI    SAT

Times Available: \_\_\_\_\_ Date you wish to start: \_\_\_\_\_

Number of Lessons you would like to do each week: \_\_\_\_\_

**Swimming Ability:** Please describe students' swimming strengths and areas of development.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lesson Goals:** Include any goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Considerations:** Is there anything about the student that would be important for the instructor to know?

\_\_\_\_\_  
\_\_\_\_\_