

Private Swim Lesson Information Form

Participant's Name: _____ Age: _____

Parent/Legal Guardians' Name(s): _____

Phone Number: _____

Email Address (for confirmation): _____

Lesson Type:

Private

Semi-Private

If Semi-Private, other participant: _____

Lesson Length: 30-min

of Lessons per week: _____

Approximate Swimming Ability (please circle): Beginner Intermediate Advanced

Best Times for Lessons (please circle): 8am-11am 11am-2pm 2pm-5pm 5pm-8pm

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

Month you are unavailable: _____

Preference for male/female instructor or instructor name: _____

Please list any special goals you would like to achieve with these private lessons:

Special Needs: If yes, please explain in detail

Mental or Learning Disabilities: No

Yes _____

Physical Limitations: No

Yes _____

Social or developmental concerns: No

Yes _____

Fear of water or past traumatic event: No

Yes

Other medical concerns: _____

For additional information, please contact npickett@montbelvieu.net

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