



Private Swim Lesson Registration Form



Name: _____ Date of Birth _____ Gender _____

Parent/Guardian Name: _____ Parent/Guardian Birth Date: _____

Address: _____ City: _____ Zip Code _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Does the student have any special needs: Yes No

Comments: _____

- | <u>Member</u> | <u>Non-Member</u> | <u>Semi-Private Member</u> |
|--|--|--|
| <input type="checkbox"/> 3 Lessons, \$75.00 | <input type="checkbox"/> 3 Lessons, \$105.00 | <input type="checkbox"/> 3 Lessons, \$114.00 |
| <input type="checkbox"/> 6 Lessons, \$138.00 | <input type="checkbox"/> 6 Lessons, \$198.00 | <input type="checkbox"/> 6 Lessons, \$228.00 |
| <input type="checkbox"/> 9 Lessons, \$180.00 | <input type="checkbox"/> 9 Lessons, \$270.00 | <input type="checkbox"/> 9 Lessons, \$342.00 |

In order of preference please list the day and time that you would like your swim lessons to fall on each week. While we will attempt to accommodate all schedule requests, private lessons are scheduled based on instructor and pool availability. After turning in your registration you will be contacted by your instructor within one week to set up your lessons. Lessons are good for up to one year after purchase. Lessons will only be made up if there has been, at least, a twelve hour notice.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Responding to the following comments will help us better assign an instructor if you do not already have a preference. Please respond to the following using a 1-5 scale where 1 is the lowest level of comfort and 5 is the highest.

- I am comfortable in the water. _____
Comments: _____
- I can comfortably swim 25 yards. _____
Comments: _____
- I would be most comfortable working with an instructor of the same gender. _____
Comments: _____
- Have you already identified an instructor that you would like to work with? _____
Comments: _____

I consider myself and/or my dependents adequately trained and with sufficient knowledge to participate in the activities offered by Recreation Factory Partners, LLC dba: Triangle SportsPlex. I agree that my dependents(s) and I assume all risks associated with participating in any and all of the activities by Recreation Factory Partners, LLC dba: Triangle SportsPlex. Furthermore, I hereby, on my own behalf and on the behalf of my dependents, release, discharge and hold harmless Recreation Factory Partners, LLC dba: Triangle SportsPlex, its employees and agents, for any and all injuries or losses sustained while participating in any of the activities or programs offered by Recreation Factory Partners, LLC dba: Triangle SportsPlex. I further agree that Recreation Factory Partners, LLC dba: Triangle SportsPlex shall not be responsible for any theft or loss of property while on the premises, including the parking lot. I further understand that Recreation Factory Partners, LLC dba: Triangle SportsPlex has the right to set the times and days that the facility and its activities will be available for member and public usage. I understand that one must be 14 years or older before entering and using the weight room. Recreation Factory Partners, LLC dba: Triangle SportsPlex discourages any parent or guardian from dropping off children under the age of 13 without supervision of an adult over the age of 18, and does not assume responsibility of them.

Participant/Parent/Guardian Signature _____ Date _____