



GUIDELINES

- Participant must be 4 years old by first lesson
- Parent/Guardian must be in water for lesson
- Waiver must be completed before first lesson
- Lessons will be scheduled according to instructor and pool availability
- There is no min/max number of lessons participant must enroll in
- Lesson fees are \$10.00 per half hour per person
- You will receive a private swim lesson pass for each lesson, passes must be presented to the front desk and turned in to the instructor prior to each lesson.
- Lessons will be paid for at the front desk

SWIMMER'S INFORMATION

Participant Name:		Age:	
Parent/Guardian Name (if minor):			
Phone:		Email:	
Preferred Method of Contact (check one):		Phone	Email
Preferred Start Date:		Desired Number of Lessons:	

DAYS/TIMES

- Please indicate time frame in which lesson could begin to time in which lesson could end next to desired/ available day(s) for lesson(s). Circle A.M. or P.M. next to time.
- If multiple time frames are available for the same day, please list them.
- For multiple days/week lessons, indicate different time frames for different days.
(Ex: If lesson could begin as early as 4pm and end no later than 6pm, list time frame as 4pm - 6pm)

	Timeframe 1	Timeframe 2
Sunday	_____ A.M. / P.M. - _____ A.M. / P.M.	_____ A.M. / P.M. - _____ A.M. / P.M.
Monday	_____ A.M. / P.M. - _____ A.M. / P.M.	_____ A.M. / P.M. - _____ A.M. / P.M.
Tuesday	_____ A.M. / P.M. - _____ A.M. / P.M.	_____ A.M. / P.M. - _____ A.M. / P.M.
Wednesday	_____ A.M. / P.M. - _____ A.M. / P.M.	_____ A.M. / P.M. - _____ A.M. / P.M.
Thursday	_____ A.M. / P.M. - _____ A.M. / P.M.	_____ A.M. / P.M. - _____ A.M. / P.M.
Friday	_____ A.M. / P.M. - _____ A.M. / P.M.	_____ A.M. / P.M. - _____ A.M. / P.M.
Saturday	_____ A.M. / P.M. - _____ A.M. / P.M.	_____ A.M. / P.M. - _____ A.M. / P.M.

PREFERRED INSTRUCTOR

Name:

Age:

OR Check One:

Male

Female

If there is no instructor preference, leave the above field blank.

CURRENT SKILL LEVEL

- Mark an X by the skills in which you/the participant are **proficient**. Mark an X by skills that are proficient with physical assistance of an instructor:

_____ None, I/the participant is a beginner

_____ Putting face in the water/opening eyes underwater

_____ Blowing Bubbles out of nose and mouth

_____ Back float

_____ With assistance

_____ Front float

_____ With assistance

_____ Back glide

_____ With assistance

_____ Front glide

_____ With assistance

_____ Flutter kick

_____ With assistance

_____ Elementary backstroke kick

_____ With assistance

_____ Breast stroke kick

_____ With assistance

_____ Sidestroke kick

_____ With assistance

_____ Butterfly kick

_____ With assistance

_____ Front stroke arm action

_____ With assistance

_____ Backstroke arm action

_____ With assistance

_____ Elementary backstroke arm action

_____ With assistance

_____ Breast Stroke arm action

_____ With assistance

_____ Sidestroke arm action

_____ With assistance

_____ Butterfly arm action

_____ With assistance

_____ Front stroke breathing to side

_____ Flip Turns

_____ Kneeling Dive

_____ Standing Dive

_____ Diving from blocks/ diving board

_____ Comfortable in water deep then height

**You will be contacted by the WSI to
arrange swim lessons.**

Leave this section blank. This
portion to be filled out by the
Aquatics Coordinator.

Start Date: _____

End Date: _____

Day(s): _____

Time(s): _____

Instructor: _____

CURRENT SKILL LEVEL

_____ General swimming ability/knowledge

_____ Prepare participant for YSC/Gators (swim team)

_____ Training for competition

_____ Learn pool/boater safety and skills

_____ Prepare participant for next level in group lessons

Other: _____