



**Private Swim Lesson Application
American Red Cross Learn To Swim Program**

Guidelines

- Participant must be 4 years old by first 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 \$20.00 per half hour per person
 - Semi-private lessons are \$30.00 per half hour for two participants
- You will receive a private swim lesson pass for each lesson paid for. 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

Participant Name: _____ Age: _____

Parent/Guardian Name (if minor): _____

Phone: _____ Email: _____

Preferred Method of Contact (please circle one): Phone Email

Preferred Start Date: _____ Preferred End Date (if unknown, leave blank): _____

Number of Lessons desired: 1 1x/wk 2x/wk 3x/wk Other: _____

Desired Day(s)/Time(s):

- 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 AM or PM next to time.
- If multiple time frames are available for the same day, please list them
- For multiple days/wk 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)

Day(s):	Time Frame 1	Time Frame 2 (if available)
Sunday	_____ AM/PM---_____ AM/PM	_____ AM/PM---_____ AM/PM
Monday	_____ AM/PM---_____ AM/PM	_____ AM/PM---_____ AM/PM
Tuesday	_____ AM/PM---_____ AM/PM	_____ AM/PM---_____ AM/PM
Wednesday	_____ AM/PM---_____ AM/PM	_____ AM/PM---_____ AM/PM
Thursday	_____ AM/PM---_____ AM/PM	_____ AM/PM---_____ AM/PM
Friday	_____ AM/PM---_____ AM/PM	_____ AM/PM---_____ AM/PM
Saturday	_____ AM/PM---_____ AM/PM	_____ AM/PM---_____ AM/PM

Please Fill Out the Back of This Form

Preferred Instructor: Name _____ OR (circle one): Male Female

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

Current Skill Level (Please mark an X by the skills you/the participant are **proficient** at. 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 deeper than height

You will be contacted by the WSI

Manager to arrange lessons.

Leave this section blank. This portion will be filled out by the WSI Manager.

Start Date: _____

End Date: _____

Day(s): _____

Time(s): _____

Instructor: _____

Goals of lesson for you/participant (mark with an X for all that apply):

- General swimming ability/knowledge Prepare participant for YSC (swim team)
- Training for competition Learn pool/boater safety and skills
- Prepare participant for next level in group lessons Other: _____