



SWIM LESSON INTEREST FORM

Our goal is to provide each client with individualized attention, personalized instruction and multi-dimensional programming options that will significantly contribute to his/her fitness and wellness goals. Please fill out the following information and drop off at the Member Service Desk.

Name: _____ **Date:** _____

Age / Birthday: _____ **Current Mbr** **New Member** **Non-Member**

Phone (home): _____ **Phone (cell):** _____

Email: _____

Swim Lesson Goals: Please check all that apply.

<input type="checkbox"/> Swim stroke development <input type="checkbox"/> Comfort with water <input type="checkbox"/> Overall health <input type="checkbox"/> Specific training <input type="checkbox"/> Injury prevention	<input type="checkbox"/> Freestyle <input type="checkbox"/> Butterfly <input type="checkbox"/> Backstroke <input type="checkbox"/> Breast-stroke <input type="checkbox"/> Other	Additional Comments:
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Please list any injuries, or joint limitations: (Include neck, shoulders, hips, knees, low back, etc.)

Have you ever had swim lessons before? Y or N

To help us match you up with the most appropriate swim instructor, please circle your preferences below.

1. Number of swim lessons per week: 1 2 3 4 5

2. Wkly lesson days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

3. Please check the time(s) of the day you are available for swim lessons:

Early morning (5:00 – 8:00 am) Mid-morning (8:00 – 11:00 am) Early afternoon (11am – 2 pm)

Late afternoon (2:00 – 5:00 pm) Evening (5:00 – 8:00 pm) Late evening (8:00 – 10:00 pm)

4. Please Indicate Preference: Female Instructor Male Instructor No Preference

5. Specific Instructor: _____ **Preferred Start Date:** _____

A swim instructor will contact you to set up an appointment.
Full fee will be charged for appointments cancelled with less than 24-hour notice.
All lessons will expire six months from the date of purchase.