

Private Swim Lesson Questionnaire

Revised 5/20/2016 EM



All information on this form is required. Note: Private Swim Lessons are 30-40 minutes long.

Date: _____ Name of Staff taking information: _____

Contact Name: _____ Phone Number: _____

Person Swim Lesson is for: _____

Age: _____

Address: _____

City, State, Zip: _____

Email: _____

Reason for wanting Private Swim lessons (skill level, fears, advanced skills needed, etc.):

Month wanting lesson: May June July August

Any dates that definitely do not work during the month:

Day of the week that works best for participant (circle all that apply):

Monday Tuesday Wednesday Thursday Saturday

Times of day that work best for participant (circle all that apply):

*Times during regular scheduled swim lessons (9:00-11:20am, 6:00-7:30pm Mon-Thurs and 9:00-10:30am Saturdays) will only be available if there is an instructor available. These times are NOT guaranteed.

9a 9:50a 10:40a 11:30a 12p 1p 2p 3p 4p 5p 6p 6:50p

Total Number of Lessons Requested: _____ Total Price for all lessons: _____

1 Person: \$20 Member/\$40 Non-Member per Person/Class 2 Person: \$15 Member/\$30 Non-Member per Person/Class

Preferred Instructor: No Yes, Instructor name: _____

If no, what qualities are you looking for in an instructor?

Date when instructor needs to get back to participant: _____

Office use only

Send to: erin.mckee@austinyymca.org

Participant Registered in DAXKO with payment:

Date: _____ Time: _____ Staff Initials: _____

Paid: Yes No Amount: _____

Swim Lesson Scheduled in Pool Calendar (Sharepoint):

Date: _____ Time: _____ Staff Initials: _____

****Do not release personal information to the public. This information will be given by that person only, unless otherwise stated by that person.**