



Upper Iowa Recreation Center Pool Private Swimming Lessons

A. Personal and Family Information

Participant Name: _____ DOB: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Participant(s): _____ DOB: _____ Gender: M F

B. Lesson Registration (please check one)

Private Lesson (1 or 2 participants)

1 Lesson 30 minutes Fee: \$15

10 Lessons 30 minutes Fee: \$80

Circle your swimming ability: **Beginner**

Intermediate

Advanced

Please check available times

Times of lessons will be based upon availability of the pool and the instructor

Sunday

8am–9am

10am–12pm

2pm–4pm

Monday

7am–9:45am

12:50pm–6pm

4:45pm–7pm

Tuesday

7am–10am

12:50pm–4:00pm

4:45pm–7pm

Wednesday

7am–9:45am

12:50pm–4:45pm

4:30pm–7pm

Thursday

7am–10am

12:50pm–3:30pm

4:30pm–7pm

Friday

7am–11am

12:50pm–4:45pm

8pm–9pm

Saturday

7am–12pm

2pm–4pm

C. Payment

Total amount enclosed: \$ _____ **Cash or Check** (Please make checks payable the UIU Rec Center Pool)

In signing this form, I understand that:

- No-shows or cancellations received less than twenty-four (24) hours before a scheduled appointment will be charged to the client.
- No refunds are given for missed/unused private lessons
- Lessons must be scheduled within 3 months from purchase date and used within 6 months of the purchase date.
- The participant is expected to be punctual and understand that the instructor may have appointments immediately preceding or following their appointment. The instructor is not obligated to stay past the allotted time scheduled for the appointment.
- No more than 2 participants are allowed per private swim lesson

I do hereby agree to hold free from any and all liability the UIU Rec Center and its officers, employees, and members and do hereby myself, my heirs, executors and administrators waive, release and forever discharge any and all claims for damages which I may incur, or which hereafter accrue to me, arising out of or connected to my participation in any of the activities of UIU. I give permission and consent to the use of any photograph, videotapes or in other media record of my child's participation at the UIU Swimming Pool for any lawful purpose, without compensation on my behalf. If I choose not to have my child photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer.

I HAVE READ AND AGREED TO ALL REQUIREMENTS ON THIS FORM

Adult Signature: _____ Date: _____