

Request Form

Private Swim Lessons / Aquatic Personal Training

Date _____

Parent's Name _____

Child's Name _____ Age _____

Address _____ City _____ Zip _____

Phone _____

Is the client being trained a member? (Circle One) **Y** **N** Member # _____

Availability: What day and time would you prefer to have your session scheduled?

1st Choice: Day _____ Times _____

2nd Choice: Day _____ Times _____

When would you like to start? _____

Mon: 8AM-5PM / 8PM-9PM
Tues: 8AM-4PM / 7PM-9PM
Wed: 8AM-5PM / 8PM-9PM
Thurs: 8AM-5PM / 8PM-9PM
Fri: 8PM-9PM
Sat: 8AM-5:30PM
Sun: 8AM-5:30PM

How many sessions are you interested in? **5** **10** **20** **Continuing lessons**

Has your child taken swim lessons at Edward before? _____ Would you like to request a specific trainer? (If so, who?) _____

If that trainer is not available, would you work with another? **Y** **N**

Do you prefer a: Male Trainer _____ Female Trainer _____ No Preference _____

General Comments on the client's swimming abilities, reason for choosing an aquatic trainer, limitations, or general notes you wish to share with us about your child? Feel free to list them below.

I have read and accept the Personal Training Policies:

SIGNATURE _____

DATE _____

If you have questions, please contact **Beth Ubben:** Children's Aquatics Supervisor.

PHONE: (630) 646-7938