

# **PRIVATE SWIM LESSON REQUEST FORM**

## **Pricing:**

Pricing for lessons should be discussed with the instructor. The instructor will reach out and deal with all communication regarding private lessons.

## **Participant Information:**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(First and Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Previous Swim Level / Experience:**

\_\_\_\_\_

## **Emergency Information:**

Parent / Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Any Medical Concerns:**

Yes / No If yes, please

explain: \_\_\_\_\_

## **Requested Day and Time:**

First Choice: S M T W Th F Time: \_\_\_\_\_

Second Choice: S M T W Th F Time: \_\_\_\_\_

Other

Notes: \_\_\_\_\_

\_\_\_\_\_

Over

Seymour Aquatic Center  
920-833-9704 Ext: 615  
aquatic@seymour.k12.wi.us

## **Waiver and Release of Liability Agreement**

Because I am being permitted to use the facilities, equipment, personal training and other services and programs of Seymour Community School District for any purpose, including observations, I agree to the following:

I FULLY ACCEPT AND TAKE ON ALL SUCH RISK AND RESPONSIBILITIES for loses, cost, damages that I become responsible for as a result of my participation and the use of the Seymour Community School District Facilities.

I, for myself, my personal representatives, assigns, heirs and next of kin, herby release, waive and dismiss the Seymour community School District and its employees and anyone acting on their behalf with respect to my participation, from any and all claims, liability, losses, demands, or damages that I suffer, which are a result of my participation is use of the Seymour Community School District Facilities that are caused, in whole or part, by the negligence of the Seymour Community School District.

**The Participant is Qualified and in Proper Physical Condition** to participate in activities or use the facilities and has no medical condition that would prevent the participant from fully participating in any classes or lessons or using the Fitness/Aquatic facilities. The participant and the participant's parent(s) or legal guardian(s) understand the responsibility of the participant or participants parent(s) or legal guardian(s) to speak with a physician before beginning any fitness activity program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature is REQUIRED for all participants less than 18 years of age.