

# **PRIVATE SWIM LESSON REQUEST FORM**

	1 Participant	2 Participants
30 Minute Lesson	\$30.00	\$45.00

## **Participant Information:**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

First and Last

Street Address: \_\_\_\_\_ Current Age: \_\_\_\_\_

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

Previous Swim Level / experience: \_\_\_\_\_

## **Emergency Information:**

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

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

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

## **Medical Information:**

Does your child have any medical conditions or disabilities which the instructor should be aware of? (For example: diabetes, or suffers from seizures)

Circle one: YES NO

If yes, please explain: \_\_\_\_\_

## **Requested Day and Time:**

S M T W T H F S Time: \_\_\_\_\_

## **Goal for today's lesson:**

\_\_\_\_\_

Seymour Aquatic Center  
920-833-9704 Ext: 614  
[Aquatic Center@seymour.k12.wi.us](mailto:Aquatic Center@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 losses, cost, damages that I become responsible for because 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, hereby 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.