



**Private Lesson Form- Fall/Winter**

Participant name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Gender: M / F

Parent/guardian name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member (Circle)? KAC (\$140) YMCA# \_\_\_\_\_ (\$170) Non-Member (\$200)

**Notes:**

- \*Each session contains six (6) thirty minute lessons with only one make up class each session (doctors note provided)
- \*Requesting an instructor/season does not insure that you will receive that instructor/season
- \*Requests for private lessons will be processed on a first come first serve basis.
- \*Communication is required or our grace period will take effect (Refer to swim school policies and procedures)

**Participant's Availability**

**Summer:** June or July Requested Instructor: \_\_\_\_\_

**Please write in the space below what times you are available.**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 4pm-7pm	4pm-7pm	4pm-7pm	4pm-7pm	4pm-7pm	<input type="checkbox"/> 8am-12pm

**Dates of conflict we need to be aware of? (Ex. Vacations, Sports, Music, etc)**

Lessons at the requested time are not guaranteed and may result in scheduling alternate times.

**Swimming History:**

Please provide a brief explanation of this participants swimming ability.

**Staff Use Only**

**Date to be Collected:** \_\_\_\_\_

Instructors Name \_\_\_\_\_

**Amount to be Collected:** \_\_\_\_\_

**Collected By (Staff Signature):** \_\_\_\_\_

- Entered into Civic Rec
- Entered into Fresha (Coordinator only)



## Swim School Policies and Procedures

- Communication is required for our scheduling process to work quickly and efficiently. Our grace period is a policy that consists of communication after receiving your availability approval within a week. Once we have contacted you with dates please confirm within three business days if this schedule works for you and your swimmer.
- Private Classes are offered **one (1) makeup class each session**. If you are going to miss a private class, please give us **24 hours' notice**. Stop by or call the facility and **fill out a cancellation form**. If you are unable to give 24 hours' notice, please call the front desk at (423) 343-9758. We will be in contact you about your cancellation that was submitted. Lack of notice will forfeit your class.
- When arriving to your first class, please **pay at the front desk**. If you have a balance on your account it must be paid in full before continuing on with swim school.
- Each time you come to the Kingsport Aquatic Center for a swim class please check in at the front desk. The KAC Team will keep track of your attendance.
- Please arrive at least 5 minutes before the start of your class and meet the instructor at the warm water pool bleachers. Do not enter the water until class begins. Instructors are only required to wait 15 minutes for your arrival before they leave. If they have waited 15 minutes and you are still not there, no makeup class will be provided.
- Please be available for your child at the end of class. Parents/guardians of all children must be available at all times to escort them to the bathroom or in case of emergency.
- Please remember that the **fee paid is for classes only**. This does not include free swim time for the student or his/her family before, during or after class. Please refer to the open swim times advertised in the information brochure. Regular admission fees or memberships may apply.
- We invite parents/guardians to observe classes from the pool deck, but please refrain from communicating with students or instructors during classes. If you need to speak with the instructor please do so before or after class.
- Children who are not potty trained must wear a swim diaper under their swimsuit. If you do not own a swim diaper, you may purchase one at our front desk.
- If you have any questions about our swim school, please feel free to call our front desk at (423) 343-9758 and a staff member will promptly return your call. Thank you for participating in our programs!

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Swimmers Name \_\_\_\_\_