

# Private Swimming Lesson Form

Participant's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H): \_\_\_\_\_

City / Zip Code: \_\_\_\_\_ / \_\_\_\_\_ Phone (W): \_\_\_\_\_

Checks Only: Payable to CFAC

## Emergency Procedures:

In case of an emergency, the following person can be contacted:

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Phone (W): \_\_\_\_\_  
Phone (C): \_\_\_\_\_

**Program Level** *(example Pollywog)*

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**Desired Session Date and/or Week** *(private lessons can be two weeks or one)*

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**Requested Time** *(please note private lesson times are adjustable upon request.)*

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*(for staff use)*

*Assigned Teacher:*