



Recreational Services

Date: _____

Private Swim Lesson Registration Form

Your Name/ Child's name: First: _____ Middle Initial: _____ Last: _____

Date of Birth: _____ Age: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Membership: Student Faculty/Staff Alumni Retiree Family member

Non-Membership: Family member of Faculty/Staff

(Complete if you are under the age of 18)

Parent/Guardian: First: _____ Middle Initial: _____ Last: _____

Email: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Individual Private Lesson Package *(circle one)*

*(one on one sessions)
\$10 dollars per session*

Sessions	Price
4	\$40
6	\$60
8	\$80
10	\$100
12	\$120

Cost: #Sessions x \$10 _____

Payment: Cash Check

Buddy Private Lesson Package *(circle one)*

*(Only 2 people allowed)
\$7 dollars per person per session*

Sessions	Price
4	\$56
6	\$84
8	\$112
10	\$140
12	\$168

Buddy's Name:

Cost: #Sessions x \$7 _____

Payment: Cash Check

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Ideal Lesson Times

(Write the time under the days you would prefer to swim)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Swim Instructor Preference: _____

Please answer the questions below to help us determine your/your child's swimming level:

Walking without holding sides of pool	Yes	No	
Exhale under water (bubbles)	Yes	No	
Fully submerge face for at least 3 seconds	Yes	No	
Retrieve object from under shallow water with eyes open	Yes	No	
Comfortable in deep water	Yes	No	
Tread water for 15 seconds	Yes	No	
Can support self on	Front	and/or back	N/A
Can float unsupported on	Front	and/or back	N/A
Glide on	Front	and/or back	N/A
Can swim using combined stroke on	Front	and/or back	N/A
Basic skills/knowledge of other strokes:	Breast stroke _____ Back stroke _____ Elementary back stroke _____ Butterfly _____		

Do you/your child have any fears being in/around water? Yes / No

Additional Comments: _____

Medical Concerns (e.g. asthma, diabetes): _____

Medications

Reason for Taking

Private Swim Lesson Registration Form

Private Swimm Lesson Polices & Procedures

No-Show Policy:

- A client must cancel or reschedule any sessions directly with their trainer at least 6 hours in advance to avoid being counted as a no-show.
- A no-show is given when the instructor shows up and the client does not or the client cancelled with too short notice. Buddy Training: If one client shows up and the other client does not, this will count as a no-show for both clients.
- A no-show cannot be rescheduled or refunded.
- A session can be rescheduled without additional payment if at least 6 hours' notice is given. This is up to the discretion of the trainer.
- 2 or more no-shows result in a suspension in the swim lesson program for the remainder of the semester. By not attending a session, you are possibly taking an appointment away from a client who would attend the session. Please try to avoid this by rescheduling your session at least *6 hours* prior to the scheduled session.

_____ **(Initial)**

Payment/ Scheduling:

- A minimum of 4 sessions may be scheduled at any time.
- Cost per session is \$10 dollars, regardless of sessions booked. Therefore 4 sessions costs \$40, 8 sessions cost \$80, etc. Buddy Training: Cost per person, per session is \$7 dollars.
- Once payment has been made, clients will be contacted via email with their scheduled start date and their assigned trainer.
- Sessions will expire 6 months from the date of purchase with no refunds unless serious extenuating circumstances prevent the client from returning. Extending the expiration date is allowed upon agreement between the client, the swim instructor, and the WU Recreational Services professionals.

_____ **(Initial)**

Other:

- If your child is between the ages of 4-14, the child's guardian must remain in the natatorium during the entire duration of the child(ren) swim lesson.
- Water diapers are not to be worn in the pool.

_____ **(Initial)**

Private Swim Lesson Registration Form

WINTHROP UNIVERSITY-OFFICE OF RECREATIONAL SERVICES WEST CENTER PRIVATE SWIM LESSON WAIVER of LIABILITY and RELEASE

Participant _____ Date _____
(Please Print) Name (Last, First, M.I.)

Address SS# or WU ID# _____

City, State, Zip Code Phone # _____

DESCRIPTION OF ACTIVITY: Private Swim Lessons
LOCATION(s) of Activity: Lois Rhame West Health, Physical Education and Wellness Center

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, HAVE THEM ANSWERED BEFORE YOU SIGN THIS DOCUMENT.

In consideration of being permitted to Participate in the Lois Rhame West Health, Physical Education and Wellness Center Private Swim Lessons ("the activity"), I, in full recognition and appreciation of the dangers and risk inherent in such an activity, do hereby covenant not to sue, and hereby waive, release and forever discharge the Winthrop University, its officers, agents and employees, from and against any and all claims, demands, actions, or causes of action, for costs, expenses or damages to personal property, or personal injury, or death, which may result from my participation in the aforesaid activity.

I acknowledge that my participation in the above activity is voluntary. I also understand and acknowledge that the activity may be hazardous, that my participation is solely at my own risk, and that I voluntarily assume full responsibility for any resulting loss of property, injury, or damage including death, whether caused by negligence of Winthrop University, its governing board, officers, employees, or representatives, or otherwise. I further declare that I am physically fit and capable to participate in such activities. I acknowledge and represent that I am at least eighteen years of age, that I have carefully read this document and that I sign freely and voluntarily.

I recognize that this Waiver of Liability and Release means that I am giving up, among other things, rights to sue Winthrop University, its officers, agents, and employees, for injuries, damages or losses I may incur as a result of my participation in the aforesaid activity. I also understand that this Waiver of Liability and Release binds my heirs, next of kin, executors, estate, personal representatives, attorneys-of-law, attorneys-in-fact, administrators and assigns, as well as myself. I further agree to indemnify and hold Winthrop University, its officers, agents, and employees harmless from any loss, liability, damage or costs including court costs and attorney's fees incurred as a result of my participation in this activity. This Waiver of Liability and Release shall be governed by and construed under the laws of the State of South Carolina.

I agree to abide by the rules and regulations that Winthrop University, the Office of Recreational Services and the West Center have established or will establish. I have read this Waiver of Liability and Release, and I fully understand it and agree to be legally bound by it.

Signature of Participant or Guardian of Participant
(Guardian should sign if participant is under the age of 18)

Date

Membership Status: (Please initial one)

- ____ Faculty/Staff Membership
- ____ Retiree Membership
- ____ Alumni Membership
- ____ Family of Student Membership
- ____ Student
- ____ Guest