

REQUEST FORM

PRIVATE SWIM LESSONS / AQUATIC PERSONAL TRAINING

Date _____

Parent's Name _____

Child's Name _____ Age _____

Address _____ City _____ Zip _____

Phone (____) _____

Is the client being trained a Member? Y N Member # _____

Availability: What day and time would you prefer to have your session scheduled?

1st Choice: Day: _____ Times: _____

2nd Choice: Day: _____ Times: _____

When would you like to start? _____

Sun: 8-5:30 pm
Mon: 8-5, 8-9 pm
Tues: 8-4, 7-9 pm
Wed: 8-5, 8-9 pm
Thurs 8-4, 7-9 pm
Fri: 8:00-9 pm
Sat: 8-5:30 pm

How many sessions are you interested in? 5 10 20 Continuing les

Has your child taken swim lessons at Edward before? _____

Would you like to request a specific trainer? (If so, who?) _____ If

that trainer is not available, would you work with another? Y N

Do you prefer a: Male Trainer _____ Female Trainer _____ No Preference _____

General Comments on the client's swimming abilities, reason for choosing an aquatic trainer, limitations, or general notes you wish to share with us about your child? Feel free to list them below.

If you have questions, please contact the Children's Aquatics Supervisor.

PHONE: (630) 646-7938