Private & Semi-Private Swim Lessons Request & Registration Form

Terra Linda Community Center 670 Del Ganado Road San Rafael, CA 94903 Terralindapool@cityofsanrafael.org (415) 485-3344

PRIVATE LESSON:

1 Lesson \$36R/41NR

SEMIPRIVATE LESSON:

1 Lesson for 2 swimmers

\$51R/\$60NR

Date of Birth:

IMPORTANT INFORMATION

- Lessons are available for children and adults at any skill level.
- An instructor will be assigned to you according to your availability and preferences.
- The instructor will call or email you to schedule lessons.
- Please allow for 5 business days before contact is made.
- If your requested swim instructor is unavailable, you will be referred to another instructor.
- Lessons are 30 minutes in length.
- Semi-Private lesson students must have similar skill level and be close in age.
- Lessons will not start until we have received payment.

CANCELLATION NOTICE

Cancellation must be made 24 hours in advance, or you will be charged for the lesson. Instructor will only wait 10 minutes if you are late.

NOTE: For lessons, you may arrive at the pool 15 minutes early and stay 15 minutes after the lesson is over. If you or anyone else in your party would like to stay and swim, you must pay the daily admission fee or have a season pass.

STAY & PLAY: Student in lesson can stay and swim for no charge for that day.

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Name of Primary Contact:

Street	City:	Zip:		
Email Adress:	Primary Phone:	mary Phone:		
PARTICIPANT INFORMATION	I			
Participant Name:	Date of Birth:			
Participant Name (If semi-private):	Date of Birth:			
Instructor Preference: Male/Female/No Preference o	Name of Instructor:			
Would you prefer an instructor who speaks Spanish? Y				
What date would you like to start lessons?	How ma	ny lessons would you like to have?		
Date/Time Preference:				
(Please be as flexible as possible) Level of Swimmer(s)/Special Notes:				
City of San Rafael Hold Harmless And Release Agrenrolled by theundersigned in the program, in consider release, waive, and discharge, the City of San Rafael a program from any and all liability for any injury or prundersigned or the enrolled child in this program, incemployees. I HAVE READ THE ABOVE HOLD HARMLESS AND RELINJURIES AND PROPERTY DAMAGE SUFFERED. I also conto the above-mentioned activity. Neither I nor my child interfere with safe participation in the activity. I recogning in this activity and acknowledge that I/we voluntarily activity.	ation of participation in this pro- ind its officers and employees, roperty damage arising out of luding injuries due to the active EASE AGREEMENT AND FULLY ertify that I (or my children) are ren have any physical illnesses ze that bodily injury and/or prop	gram, agrees to indemnify and hold harmless, and to and any community organization co-sponsoring the or in any way connected with participation by the re or passive negligence of the City, its offices, and UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY knowledgeable as to all rules of conduct appropriate to, conditions, disabilities, or weaknesses that would herty damage may be sustained through participation as or property.		
Applicant Signature	permission to the City of San R	_Date: afael to use any and/or all photographs of myself and/or		
my children for future agency publications. I understa	and that my name or my child	ren's name(s) will not be published at any time in any		
publications. I give my permission for a photograph of n	ny child to be used for City of Sa	nn Rafael marketing purposes . Initials		