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

www.cityofsanrafael.org/pools

PRIVATE LESSON:

1 Lesson \$40R/\$45NR

SEMIPRIVATE LESSON:

1 Lesson for 2 swimmers \$57R/\$66NR

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 close in age.
- Lessons will not start until we have received payment.

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

CANCELLATION NOTICE: Cancellation must be made 24 hours in advance, Instructor will only wait 10 minutes if you are late	•	
Primary Contact (Adult)		
Name of Primary Contact:	Date o	f Birth:
Street	City: Zip	:
Email Adress:	Primary Phone:	
Participant Information	,	
Participant Name:	Date of Birth:	
Participant Name (If semi-private):	Date of Birth:	
nstructor Preference: Male/Female/No Preference o	r Name of Instructor:	
Nould you prefer an instructor who speaks Spanish? Y	es No	
Nould you prefer an instructor who speaks Spanish? Y	es No	
Nould you prefer an instructor who speaks Spanish? Y Nhat date would you like to start lessons? Date/Time Preference:	es No	
Would you prefer an instructor who speaks Spanish? Y What date would you like to start lessons? Date/Time Preference: Please be as flexible as possible)	es No How many lessons would you like to have?	
nstructor Preference: Male/Female/No Preference o Nould you prefer an instructor who speaks Spanish? Y Nhat date would you like to start lessons? Date/Time Preference: Please be as flexible as possible) Level of Swimmer(s)/Special Notes:	es No How many lessons would you like to have?	

arising out of or in any way connected with participation by the undersigned or the enrolled child in this program, including injuries due to the active or passive negligence of the City, its offices, and employees. I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES AND PROPERTY

DAMAGE SUFFERED. I also certify that I (or my children) are knowledgeable as to all rules of conduct appropriate to the above-mentioned activity. Neither I nor my children have any physical illnesses, conditions, disabilities, or weaknesses that would interfere with safe participation in the activity. I recognize that bodily injury and/or property damage may be sustained through participation in this activity and acknowledge that I/we voluntarily accept all risks of injury to persons or property.

Applicant Signature:	Date:	

PHOTO RELEASE By initialing, I do also hereby give my permission to the City of San Rafael to use any and/or all photographs of myself and/or my children for future agency publications. I understand that my name or my children's name(s) will not be published at any time in any publications. I give my permission for a photograph of my child to be used for City of San Rafael marketing purposes. Initials