



Christiansburg Aquatic Center Private Swim Lesson Registration Form



Getting Started

Please read through the information provided, and complete the participant/contact information portions of this form. Return the form to the front desk or email it to jkowalcik@christiansburg.org. The Program Coordinator will match the participant's swimming level and availability to a certified swim instructor. The swim instructor will then contact you directly to schedule your first lesson.

***Please allow the CAC ample time to fulfill your private lesson request as there may be multiple requests being processed at any given time especially during the **peak times of March-July**. During these times, names will be added to a waitlist and will be assigned to an instructor as soon as an availability arises.

Payment for Services (*please check the box of the selected package-payment due at first session)

Private lessons: Three 30 minute lessons = \$65 Six 30 minute lessons = \$110
Semi-private lessons: Three 30 minute lessons = \$85 Six 30 minute lessons = \$135

*Semi-private lessons are offered for groups of 2-3 swimmers with similar swimming abilities.

Make-up Lessons/Rescheduling

Private swim lessons may be rescheduled up to 12 hours before the start of the lesson. We understand that illnesses and emergencies occur and ask that you communicate any schedule changes with your swim instructor as soon as possible. Occasionally, private lessons must be cancelled due to circumstances beyond our control (ex: contamination, extreme weather, etc.). Your swim instructor will communicate the cancellation with you and a make-up lesson will be scheduled at that time.

Other Considerations

- In case of emergency we ask that parents remain at the CAC for the entirety of their child's private swim lesson.
- Goggles are highly recommended.
- We recommend showering after the completion of each swim lesson, especially if your child has sensitive skin.

Participant Information:

Name: _____ Age: _____ Gender: Male Female

Instructor preference: Male Female Approximate swimming ability: _____

Goals: _____

Private swim lesson availability (Ex: Mon-Wed 4-6pm): _____

Does the participant have a fear of water? _____

Does the participant have any special needs, physical limitations or medical conditions? If so, please explain.

Primary language: _____

Parent/Guardian Contact Information:

Name: _____ Gender: Male Female Date: _____

Address: _____

Phone number: _____ Email: _____