

Paid by check # _____ cash _____ cc _____ Date _____

Staff Initials _____

St. Peter Outdoor Pool Semi-Private Swim Lesson Registration Form

#1) Student's Name: _____ Age: _____

Parent's Name: _____ Phone: _____

Address: _____
Street City State Zip

#2) Student's Name: _____ Age: _____

Parent's Name: _____ Phone: _____

Address: _____
Street City State Zip

Skill Levels: _____

Special Notes: _____

Instructor Requested: _____

Days/Times Available: _____

FOR OFFICE USE BELOW

Instructor Assigned: _____ **Date Notified:** _____ **Fee:** _____

***Instructor** Please make contact as soon as possible, within 3-5 days of being notified. Set up lesson dates/ times around your schedule (lessons may not be scheduled during regular morning or evening lesson times). Each lesson should be 30 minutes. Record lesson dates/times below.*

Day/Date/Time

Instructor Recommendation:

Lesson 1. _____

____ Continue Private Lessons

Lesson 2. _____

____ Enroll in group lessons, level: _____

Lesson 3. _____

____ Other: _____

After the completion of all three lessons, return this form to the pool manager. Lessons should be completed within 2 weeks of the assigned date. This is your time card for private lessons so do not lose it! You will be paid one hour for each lesson to compensate for the time needed to set up lessons. Thank you!

Instructor Signature _____ **Date:** _____

Pool Manager Signature _____ **Date:** _____

Recreation & Leisure Services Director Signature _____ **Date:** _____



Further questions, contact Nicole Ruhland at 934-3951.