

# PRIVATE, SEMI-PRIVATE & GROUP SWIM LESSON REGISTRATION FORM VILLAGE HEALTH & FITNESS

## GENERAL INFORMATION

Village Health and Fitness is a Health and Wellness Center in Oriental, NC. The facility includes a 20-yard heated pool that varies in depth from 3.5 to 5.5 feet. We offer swim lessons to swimmers aged 6 months through older adults. Our children's lessons use a fun & imaginative approach to help students achieve swimming skills & water safety awareness.

All registration forms can be emailed to [yhf1006@yahoo.com](mailto:yhf1006@yahoo.com) or brought or mailed into our facility at PO Box 769, 1006 Broad Street, Oriental, NC 28571.

Lessons will be scheduled on a first come, first serve basis. If you are interested or have questions regarding swim lessons, please call Village Health & Fitness at (252) 249-1869.

## LESSON TYPES

### PRIVATE (1:1 ratio) with Staff Swim Instructor - \$30/lesson

Private lessons are for 30 minutes and offered to both children and adults. Lessons are subject to availability of instructors.

### SEMI-PRIVATE (1:2 ratio) with Staff Swim Instructor - \$20/lesson per child

Semi-private lessons are for 30 minutes with two children simultaneously and one instructor. Lessons are subject to availability of instructors.

### GROUP (1:3+ ratio) with Staff Swim Instructor(s) - \$15/lesson per child

Group lessons are 30 minutes in length with 3 or more children at the same time. Depending on the size of the group, a second instructor may be present. Maximum size of a group is 6 individuals.

## LESSON RESCHEDULING

Lessons will not be held if there is thunder or lightning at the time of the lesson or immediately beforehand. If there are thunderstorms in or projected to be in the area, lessons may be canceled in advance. Classes that are canceled due to weather will be rescheduled.

All swim lessons are paid for in blocks of multiple sessions. Missed lessons will not be refunded.

## PAYMENT INFORMATION

Payment will be accepted in all forms (check, cash, or card) at the front desk and must be received prior to the first lesson. If you require financial assistance for your lesson, we have scholarships available. Please notify your instructor to see if such assistance is available.

## LESSON PREFERENCE SELECTION

PRIVATE LESSONS

SEMI-PRIVATE LESSONS

GROUP LESSONS

Desired Lesson Days: Monday / Wednesday \_\_\_\_\_ Tuesday / Thursday \_\_\_\_\_

Desired Start Times\*: Morning \_\_\_\_\_ Early Afternoon \_\_\_\_\_ After 5pm \_\_\_\_\_ Other \_\_\_\_\_

\*Please note that we do not guarantee desired days or times as they will be based on availability.

## PARTICIPANT INFORMATION

Please fill out information separately for each swimmer registered. ADDITIONAL PARTICIPANT INFORMATION CAN BE ADDED ON LAST PAGE OF THIS FORM.

PARTICIPANT 1 NAME: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ If participant is an adult, indicate here:

Swimmer is:

Afraid of the water  Refuses to put face underwater  Able to hold breath underwater  Able to jump into water independently  Able to swim width of pool

Other  Please explain \_\_\_\_\_

Swimmer has relevant special needs (physical disability, speech disorder, behavioral disorder, learning disability, hyperactive disorder, etc.)

Please explain needs and accommodations necessary \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Please fill out your contact information and emergency contact information if you are an ADULT registering for swim lessons for yourself.

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT:

NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

ADDITIONAL PERSONS BRINGING/PICKING UP PARTICIPANT(S):

NAME: \_\_\_\_\_ RELATIONSHIP TO SWIMMER \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO SWIMMER \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

## ADDITIONAL PARTICIPANT INFORMATION

Please fill out information separately for each swimmer registered.

**PARTICIPANT 2 NAME:** \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ If participant is an adult, indicate here:

**Swimmer is:**

Afraid of the water  Refuses to put face underwater  Able to hold breath underwater  Able to jump into water independently  Able to swim width of pool

Other  Please explain \_\_\_\_\_

**Swimmer has relevant special needs** (physical disability, speech disorder, behavioral disorder, learning disability, hyperactive disorder, etc.)

Please explain needs and accommodations necessary \_\_\_\_\_

**PARTICIPANT 3 NAME:** \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ If participant is an adult, indicate here:

**Swimmer is:**

Afraid of the water  Refuses to put face underwater  Able to hold breath underwater  Able to jump into water independently  Able to swim width of pool

Other  Please explain \_\_\_\_\_

**Swimmer has relevant special needs** (physical disability, speech disorder, behavioral disorder, learning disability, hyperactive disorder, etc.)

Please explain needs and accommodations necessary \_\_\_\_\_