

# Private Lesson Registration Form

Aurora Wellness Center's aquatic department follows the American Red Cross format for all swimming lesson sessions. Private lessons are available for any age and ability, to members and non-members of the center. A variety of options are available, including Private (1 swimmer), Private +1 (2 swimmers of similar abilities and goals), and Private +2 (3 swimmers of similar abilities and goals). Lessons are 30 minutes in length and can be scheduled at your convenience. To avoid the loss of your private lesson, a 24-hour cancellation notice is required.

**All listed rates are per participant. Rates are subject to change without prior notice. All private swim lesson sessions expire six months after date of purchase. All sessions are non-transferable and non-refundable.**

**Please complete this form and return with payment to the service desk; contact us at (262) 767-7000 with additional questions.**

**Private Swim Lesson Rates**  
 All lessons are 30-minutes in length.

Member

1 - \$ 24  
 5 - \$110  
 10 - \$200

Non-member

1 - \$ 30  
 5 - \$140  
 10 - \$260

**Private +1 Swim Lesson Rates**  
 Price is per person; two swimmers of similar abilities and goals. All lessons are 30-minutes in length.

Member

1 - \$ 16  
 5 - \$ 70  
 10 - \$120

Non-member

1 - \$ 20  
 5 - \$ 90  
 10 - \$160

**Private +2 Swim Lesson Rates**  
 Price is per person; three swimmers of similar abilities and goals. All lessons are 30-minutes in length.

Member

1 - \$ 14  
 5 - \$ 60  
 10 - \$100

Non-member

1 - \$ 16  
 5 - \$ 70  
 10 - \$120

AWC Member Name \_\_\_\_\_ AWC Card Number \_\_\_\_\_

*To receive member rate, your current AWC membership card must be presented at time of registration.*

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

Preferred form of contact Email \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Private +1 and Private +2 Only**

2nd Swimmer's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

3rd Swimmer's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Is there an instructor you would like to request? Yes No If yes, please list \_\_\_\_\_

If yes, have you already contacted this instructor and set up your first lesson? \_\_\_\_\_

Preferred time \* 5am-8am \_\_\_\_ 8am-10am \_\_\_\_ 10am-12pm \_\_\_\_  
 12pm-2pm \_\_\_\_ 2pm-4pm \_\_\_\_ 4pm-6pm \_\_\_\_ 6pm-8pm \_\_\_\_

Preferred day of the week \* Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_

Preferred lessons per week \* 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ When would you like to start? \_\_\_\_\_

\* We do our best to accommodate each request; requests are subject to instructor and pool availability.

Please list lesson goals as well as last level successfully completed. \_\_\_\_\_

**Liability Waiver**

I, the undersigned parent/guardian of \_\_\_\_\_, do hereby acknowledge that I am aware that my child's participation in the swimming program at Aurora Wellness Center involves certain risks including, but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints and muscles. My child is voluntarily participating in the Aurora Wellness Center swimming program with knowledge of the dangers involved and I hereby agree to accept any and all inherent risks of and assume full responsibility for any loss of personal property, property damage, personal injury, or death. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by me, my child and other members of my family, or my estate, heirs or assignees.

I also agree to indemnify and hold harmless the Released Parties, (Aurora Wellness Center owners and affiliates, employees, instructors and agents) from any and all liability or claims made by other parties as a result of my child's actions in anyway relating to use of the Aurora Wellness Center facilities and equipment and engaging in any Aurora Wellness Center activity. I have read this form and fully understand that by signing this form, I am giving up certain legal rights and/or remedies.

Parent Name (Please Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Package Purchased \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Staff Initials \_\_\_\_\_