

Swim Instruction & Coaching Request Form

Please indicate: Member Non-Member

Adult's Name: _____ Date: _____

Child's Name & Age: (if applicable) _____

Address: _____

Phone Number: Home: _____ Cell: _____

Work: _____ Emergency: _____

Email: _____

Reason for swim request: _____

Has the participant had swimming experience before? YES NO

If yes, please explain: _____

Goals & objectives: _____

Please list any physical restrictions, medications or information that might aid the instructor in assisting the participant to achieve the stated goals:

Days and times available for private lessons: _____

If you have any questions, please contact Nicole Zachwieja at 630.938.9557

For private lessons, a Swim Instructor will contact you as soon as one becomes available to fit your scheduling needs.

For Office Use Only
Assigned to:
On: