**Swimming Lessons Request Form**

*Please print clearly.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person completing form: | | | | |
| Status (select one): Active Duty Reservist Retiree Dependent DOD Civilian | | | | |
| Phone: | Email: | | | |
| Address: | | City: | | Zip: |
| If you are completing this form for a minor, please state your relationship to the minor:  Parent Legal Guardian Other (specify): | | | | |
| Emergency contact name: | | | Phone: | |
|  | | | | |
| If you are completing the form for someone else, please list their names and ages below: (Maximum three students.) | | | | |
| Name: | | | | Age: |
| Name: | | | | Age: |
| Name: | | | | Age: |
|  | | | | |
| Length of session requested: 30 minutes 1 hour | | | | |
| If you have any specific goals for these lessons, please list them here. Try to be as specific as you can. | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

**Completed forms must be submitted in person to the Aquatic Center, BLDG 3319.  
 For more information, call 817-782-1220.**

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STAFF USE ONLY:

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: