



SWIMMING LESSONS REQUEST FORM

Completed forms must be submitted in person to the MWR Aquatic Center, Bldg 3319.

For more information: 817-782-1220

PLEASE PRINT CLEARLY

Name: _____

Status: ☐ Active Duty ☐ Reservist ☐ Retiree ☐ Dependent ☐ DoD Civilian

Phone: _____ Email: _____

Address: _____

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 No. _____

If you are completing this form for someone else, please list their names and ages below (maximum 3 students)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Length of session requested: ☐ 30 mins. ☐ 1 hour

If you have any specific goals for these lessons, please list them here. Try to be specific as you can.

1. _____

2. _____

3. _____

4. _____

FOR OFFICIAL USE ONLY

Date Received: _____ Received By: _____ Signature: _____

Notes: _____
