

MWR SWIM LESSON FORM

PERSONAL INFORMATION:

Today's Date: _____
Name of Participant(s): _____
Age(s) of Participant(s): _____
Parent/Guardian Name: _____
Cell Phone No: _____ Work No: _____
E-mail address: _____

CLASS INFORMATION:

CLASS DATES: _____
TIME START-END: _____

Student Outcome Desired: _____

AGREEMENT POLICIES AND REGULATIONS:

1. \$45 non-refundable payment per student due before the start of the first class date.
2. Class placement **NOT GUARANTEED** until payment is made.
3. Class dates are a total of **6 sessions** scheduled with the instructor on available dates during the week on **Monday, Wednesday, Friday, and Saturday only**.
4. These are PRIVATE swim lessons. Only one family per session with a maximum of 3 participants.
5. Make-up classes are subject to the instructor's availability.
6. Please arrive before or at the scheduled time and be prepared to swim.
7. Parent or guardian of students under the age of 18 are required to remain at the Aquatic Center during the lesson.

I CERTIFY, UNDERSTAND, AND AGREE TO ABIDE BY THE CONDITIONS STATED ABOVE

Printed Name & Signature: _____ Date: _____

**Completed forms must be submitted in person to the Aquatic Center BLDG 3319 for approval.
Please call (817) 782-1220 if you have any questions.**

AQUATIC INSTRUCTOR USE ONLY BEYOND THIS POINT

Notes: _____

MWR Instructor Name and Signature: _____ Date: _____



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