

## PRIVATE SWIM REGISTRATION FORM

PRIVATE SWIM PARTICIPANT INFORMATION							
Participant's First Name:		Last Name:		Birth date:	Age:	Sex:	
				/ /			
Street address:			City & State:		Zip:		
IF PARTICIPANT IS A MINOR, PLEASE COMPLETE THE PARENT/GUARDIAN INFORMATION.							
Parent/Guardian First Name:		Last Name:		Birth date:	Are you a UNLV Student? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a SRWC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>*SRWC Membership is Required.</u>		
				/ /			
Street address:		City & State:		Zip:	Email:		
EMERGENCY CONTACT INFORMATION							
(Please share a point of contact different from the parent/guardian listed above)							
Emergency Contact Name:		Relationship:			Phone:		
PROGRAM COSTS							
(Payment is due at the time of registration.)							
INDIVIDUAL LESSONS			PARTNER LESSONS				
<input type="checkbox"/>	<b>1 Session</b>	\$20	<input type="checkbox"/>	<b>1 Session</b>	\$30		
<input type="checkbox"/>	<b>5 Sessions</b>	\$95	<input type="checkbox"/>	<b>5 Sessions</b>	\$140		
<input type="checkbox"/>	<b>10 Sessions</b>	\$180	<input type="checkbox"/>	<b>10 Sessions</b>	\$260		
<input type="checkbox"/>	<b>20 Sessions</b>	\$340	<input type="checkbox"/>	<b>20 Sessions</b>	\$480		
Please share any experience or goals you would like to achieve:							
AVAILABILITY							
Please mark the times you would prefer to have lessons. The greater your availability, the greater chance of being paired with an instructor. Initial pairing will occur within 72 hours.							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6a-8a							
8a-10am							
10am-12pm							
12pm-2pm							
2pm-4pm							
4pm-6pm							
After 6pm							
I understand that there will not be make-up times for missed classes and that there are no refunds.							
Parent/Guardian Signature				Date			

OFFICE USE ONLY

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Method of Payment: ☐ Cash ☐ Check ☐ VISA ☐ MC ☐ AMX

Clerk Initials: \_\_\_\_\_