

# PRIVATE SWIM LESSONS Spring 2020

## Participant Information

First and Last Name: \_\_\_\_\_  Patron OR  Membership Expires: \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_  
mm/dd/yyyy

Birth: Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Allergies, Mobility, or other Health Info: \_\_\_\_\_

**I give permission to the MNjcc to use photographs and/or video of this participant in MNjcc programs for documentation purposes and in promotional materials: YES NO**

## Parent/Primary Guardian Information

First and Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Program Specific Policies

**REFUND POLICY:** Refunds or credits are available if a registrant withdraws one week prior to program/class start, with a 10% cancellation fee. The MNjcc is not responsible for classes missed due to illness or personal emergencies.

Submission of this form does not guarantee enrollment in the private lessons. The MNjcc Aquatics Department will contact with you within five business days of receipt to confirm the registration. No application will be processed unless it has been fully completed. Please ensure that all information has been provided.

**I have read and accept the aquatics policies. I affirm that all information that I have provided on this form is true and correct.**

\_\_\_\_\_  
**Signature of Participant**  
(or Parent/Guardian if Participant is under 18)

\_\_\_\_\_  
**Date**



The MNjcc is committed to accessibility. Please let us know in advance if you have any accommodation needs: [inclusion@mnjcc.org](mailto:inclusion@mnjcc.org); (416) 924-6211



## Lesson Type (price per participant, per lesson)

Private = 1 Participant  
\$47.70 Member/ \$55 Patron

Semi Private = 2 Participants  
\$39.60 Member / \$45 Patron

Group Private = 3-4 Participants  
\$28 Member / \$35 Patron

If you are choosing Semi or Group Private Lessons please indicate the other participants' names.

If the address, contact or payment information is different than that of the participant on the front, please submit a second form. Semi and Group Private lessons cannot be processed until all participants' forms have been submitted.

2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

DAY	REGULAR SESSION (7 CLASSES + MAKE-UP)	MINI SESSION (1-3 CLASSES)	AVAILABLE TIMES
Monday	April 20 - June 15 (No class: May 18)	June 22, 29	<b>MONDAY TO FRIDAY</b> 3:30 - 4:00 pm 4:00 - 4:30 pm 4:30 - 5:00 pm 5:00 - 5:30 pm 5:30 - 6:00 pm 6:00 - 6:30 pm* 6:30 - 7:00 pm*  *Available for Friday lessons only  <b>Alternate time slots may be available. Please inquire with the Aquatics Office.</b>
Tuesday	April 21 - June 9	June 16, 23, 30	
Wednesday	April 22 - June 10	June 14, 24	
Thursday	April 23 - June 18 (No class: May 28)	June 25 & July 2	
Friday	April 24 - June 19 (No class: May 29)	June 26 & July 3	
Saturday	April 18 - June 20 (No class: May 16, 30)	June 27	<b>SATURDAYS &amp; SUNDAYS</b> 9:30-10:00   10:00-10:30   10:30-11:00 11:00-11:30   11:30-12:00   12:00-12:30 12:30-1:00*   1:00-1:30*   1:30-2:00   2:00-2:30 2:30-3:00   3:00-3:30   3:30-4:00 *Sundays only
Sunday	April 19 - June 14 (No class: May 17)	June 21, 28	

Semi and Group private lesson make-ups are only provided for days when ALL participants are absent.  
Drop-in lessons may be available upon request after the session has started.

## Preferred Session, Dates & Times

CHECK MINI SESSION, REGULAR SESSION OR BOTH If no selections are indicated, placement is made in the regular session only			DAYS	TIME	INSTRUCTOR (if known)	SWIM LEVEL*
1st Choice	<input type="checkbox"/> Regular	<input type="checkbox"/> Mini				
2nd Choice	<input type="checkbox"/> Regular	<input type="checkbox"/> Mini				
3rd Choice	<input type="checkbox"/> Regular	<input type="checkbox"/> Mini				

\*If a swim level is not indicated on this form, the instructor will perform a level assessment.

Credit Card Information  Visa  MasterCard Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Signature: \_\_\_\_\_

A 3% Capital Improvement Fee (CIF) will be added to all transactions.

OFFICE USE ONLY

Date/Time Received: \_\_\_\_\_

Processed: \_\_\_\_\_

Confirmed: \_\_\_\_\_

Scheduler: \_\_\_\_\_