

Date Request Received: \_\_\_\_\_

## Private Lesson Program Agreement

**Who:** Adults and Children ages 5 & older (Any swim ability welcome)  
**Where:** Masuk or Wolfe Park Pool. Lessons at Wolfe only offered Monday mornings Jul 2-Aug 6, 2018. Masuk lessons during scheduled pool hours.  
**Times:** 30 minute 1-on-1 instruction with American Red Cross certified Water Safety Instructors (WSI)  
**Fee:** Private: \$30/30 minute lesson \$50/60 minute lesson  
Semi-Private: \$40/30 minute lesson \$60/60 minute lesson

**Participants of Private Swim Lessons must have a valid pool membership or pay the daily rate each time they come.**

### Step #1) Request for Private Lessons

Student Name: \_\_\_\_\_ D. O. B. \_\_\_\_\_ Age: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_ # of lessons requested \_\_\_\_\_

Preferred instructor: \_\_\_\_\_ (if known otherwise instructor will be assigned)

Day and time preferred: \_\_\_\_\_

Please describe any health conditions or limitations that we should be made aware:

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Please circle how you would rate the overall swimming ability:

**Non swimmer    Beginner    Intermediate    Advanced**

Please list any goals/objectives. What is the desired outcome for taking private lessons?

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Please list any additional information to better help us design your private swim program:

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Please allow up to 7 days for private lesson requests to be processed. Confirmations are based on when the forms are received and how quickly a Certified Water Safety Instructor can be secured.

**Request forms must submitted to the Monroe Parks & Recreation Office. If you have any further questions please contact the Parks and Recreation Office at 203-452-2806 or email [parksandrec@monroect.org](mailto:parksandrec@monroect.org)**

**Step #2.) Registration/Confirmation  
(Office Use only)**

**Instructor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Class 1- Date \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_

Class 2- Date \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_

Class 3- Date \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_

Class 4- Date \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_

Class 5- Date \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_

Class 6- Date \_\_\_\_\_ Time \_\_\_\_\_ Instructor \_\_\_\_\_

**Membership Type:** \_\_\_\_\_ **Valid through:** \_\_\_\_\_ **or Daily Rate Fee Paid:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_ **Total Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

**Please note the following guidelines for Private Lessons**

1. Lessons are 1-on-1 and will be in pool at Masuk HS during Swim Lesson or Open Swim time slots.
2. Monroe Parks & Recreation has a no refund policy, but In the event that we have to cancel lessons due to weather conditions or pool contamination, classes will be made up.
3. Failure to pay for lessons prior to having them will result in loss of having further private lessons.

**RELEASE AND INDEMNITY AGREEMENT:**

*I understand there are risks of physical injury in participating in sports and recreational activities or programs.*

*I hereby release the Town of Monroe, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by the Town of Monroe.*

*I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the dept for flyers, presentations etc..*

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Parent/Guardian Signature

Parent/Guardian Print name

Date

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WSI Signature

Date Received

Date Called/Confirmed