



Child's Name _____

1203 West Woodcroft Pkwy * Durham, NC 27713 * 919.489.7705 * www.woodcroftclub.org

2010 PRIVATE SWIM LESSONS

GUIDELINES & POLICIES:

- * Please complete ONE application per child.
- * Form must be returned to the OFFICE, not the pool deck.
- * FULL payment is required prior to each lesson. Registration fees may be paid by cash, check or Mastercard/VISA.
- * No refunds will be given if lessons are not completed by September 19, 2010.
- * Turn this form into the office and an instructor will contact you to schedule the lessons. All private lessons are scheduled through your assigned instructor.
- * In the event you should cancel a lesson, you must do so at least 2 hours prior to the lesson. Please note, you must contact the instructor directly. The office staff is not responsible for relaying messages left on the voicemail. If you fail to show up for a lesson, a refund will not be issued.
- * Non-members must sign IN no more than 5 minutes before class time and OUT within 10 minutes of the end of class at the check-in desk.
- * NON-MEMBERS: Only swim lesson participants are allowed in the pool during swim lessons. Please contact the office if you are interested in purchasing a swim pass for parents and siblings for the lesson days only.

INSTRUCTOR CHOICES:

Preferred Instructor:

1st: _____

2nd: _____

If you do not have a preference, an instructor will be assigned to your child.

Male Female No Preference

LESSON OPTIONS:

All lessons are 30 minutes in length.

	Member	Non-Member
<input type="checkbox"/> SINGLE LESSON	\$25	\$35
<input type="checkbox"/> PACKAGE OF 4	\$75	*
<input type="checkbox"/> PACKAGE OF 8	\$150	*

*Non-members are not eligible for packages of lessons unless granted permission by Management.

Child's Name: _____ Age: _____

Parent(s) Name: _____ Member? YES # _____ NO

Cell Phone: _____ OR _____

Home Phone: _____

E-mail Address: _____

Method of Payment: Visa MC Cash Check

← Visa or MC # _____ Exp. _____ 3-digit Security Code _____

Cardholder's Name: _____

Signature: _____

FOR OFFICE USE ONLY:

Child's Name _____ Date Received _____ # of Lessons: _____

Instructor Assigned _____

Amount Paid _____ Method: CC Check # _____ Cash Staff Initials: _____

Child's Name _____

THIS SIDE TO BE COMPLETED BY THE INSTRUCTOR ONLY.

Assigned Instructor: _____

Lesson Date	Time	Comments	Instructor Initials
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Upon completion of the total lesson(s), a parent signature is required.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:
Date Turned In _____ Payroll Date _____