

SUSSEX ACADEMY AQUATIC CENTERwww.sussexacademy.org/aquatics email: lessons@sussexacademy.org21150 Airport Road Georgetown, DE 19947 **302-856-7805****Private/Personal Training Registration Form:** Please complete this form and return with payment.

Participant Name: _____ Age: _____ D.O.B. _____

Gender: M F

Parent/Guardian Name(s): _____

Address: _____ City: _____ ZIP: _____

Phone Number: _____ - _____ - _____ Home / Cell / Work (circle one)

Email Address: _____

Note: SAAC will NOT share your email. If there is a change in schedules, or pool closing you will be notified via email.**Fee: \$180 Private/ \$90 Semi-Private All Lessons are sold in a set of six-30 minute lessons**

Instructor Preference: M _____ F _____ None _____ Name of Preferred Instructor: _____

Preferred Day(s) for lessons: Monday Tuesday Wednesday Thursday Saturday (am)

Preferred Time(s) for lessons: 9a-11a 3-530p

Swimmer Level: Fearful? _____ Beginner _____ Intermediate _____ Advanced _____

Please share anything that would assist the instructor in teaching your swimmer. Including special needs or learning styles: _____
_____**Private Swim Lessons and Personal Aquatic Training***Each participant needs their own registration form.**Please review the terms and conditions below. **Each lesson is 30 minutes.*****Terms and Conditions:**

SAAC will scheduled lesson dates and time. Once the schedule is confirmed, payment in full is required to complete the registration process. Please report 5 minutes before the lesson is scheduled to begin. If arriving more than 15 minutes after the scheduled lesson, this will be considered a "NO Show" and will result in forfeiture of payment made. The customer must notify SAAC via phone and/or instructor via text or email at least 24 hours prior to the lesson time. One swimmer per lesson is recommended. If two swimmers share the same lesson it is required that they be at the same swim level.

I agree to the **Terms and Conditions** as attested to by my signature below:

Customer's Signature: _____ Date: _____

Printed Name: _____

Covid Waiver Agreed _____

Please refer to the swim lesson description form prior to selecting class. Questions?**Contact Lydia via email: lessons@sussexacademy.org**

Sussex Academy Aquatics Center Contact Form (updated 1/23/20)

Please print clearly. This form will be kept confidential to staff and will be shared only in emergency situations.

Participant Name: _____ Date of Birth _____ Gender: M F
Address: _____ City: _____ State: _____ Zip Code: _____

Cell Telephone #: _____

Email Address: _____

Email address is required in order to be informed of any pool closures or programming changes.

We encourage you to verbally mention to staff if you have any medical conditions or other issues that we should be aware of.

Emergency Contact : _____ Relationship: _____

Home, Cell or Work Phone: _____

Please sign if you grant the Sussex Academy **permission** to **use** my likeness in a **photograph**, video, or other digital media ("**photo**") in any and all of its publications, including web-based publications.

Signature: _____

I have read and agree to abide by all of the pool rules and Covid Safety Guidelines that are on the website. (Staff keeps a copy at the front desk. Please ask to review if you have not done so already.)

Signature: _____

How did you hear about us? **Internet Search/ Facebook/ Cape Gazette / Friend Referral**

Friend Referral: Name of friend who referred you: _____

Other: _____

For office use only-----

Staff Member's Printed Name _____ Date _____

Registration Type: Annual Monthly Aqua Fitness Private lessons Semi-Private

Registration Fee: \$ _____ **Billing Fee for Monthly Members: \$25** **Total Amt. Received \$** _____

CC (last 4#) _____ **Check (#)** _____ **Cash** _____

Covid Waiver **Pool Rules** **Emergency Contact Info** **Entered into GM**