



WOODCROFT CLUB

Child's Name _____

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

2021 PRIVATE SWIM LESSONS

GUIDELINES & POLICIES:

- * Please complete ONE application per child.
- * Form must be returned to a manager or front desk staff.
- * 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 1, 2021.
- * 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 and that lesson will not be made up.
- * 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.**
- * By participating in swim lessons, I understand that there is a risk of viral transmission regardless of the safety measures taken and I accept these risks for myself and my family.

I have read all of the above policies and I agree to them.

Initials _____

INSTRUCTOR PREFERENCE:

Preferred Instructor:

1st: _____

2nd: _____

If you do not have a preference, an instructor will be assigned to your child. An instructor will contact you directly to schedule lessons. All private lessons are scheduled through your assigned instructor.

Male Female No Preference

LESSON OPTIONS:

All lessons are 30 minutes in length.

	Member	Non-Member
<input type="checkbox"/> SINGLE LESSON	\$40	\$50
<input type="checkbox"/> PACKAGE OF 4	\$120	\$150
<input type="checkbox"/> PACKAGE OF 8	\$240	\$300

Child's Name: _____ Age: _____

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

Cell Phone: _____ OR _____

Home Phone: _____

E-mail Address: _____

Please circle your contact preference: Phone Email No Preference

Method of Payment: Visa MC Cash Check COF

Visa or MC # _____ Exp. _____

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: _____

Assigned Instructor: _____

This side to be completed by the Instructor ONLY.

Child's Name: _____

Parent's Name: _____

Phone Number: _____

Email Address: _____

of Lessons: _____

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 _____