



# Adult Swim Lessons Registration Form

**Participant**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Alternative Phone: \_\_\_\_\_

**Disclaimer**

Florida Southern College will not make up classes or give rain checks due to inclement weather (rain, thunder, lightening, etc.) or other circumstances beyond our control. Adult lessons are by appointment, so please communicate with your instructor concerning your schedule.

**Register**

A non-refundable deposit of \$15.00 must accompany this registration form along with a waiver signed on site or notarized. Register in person at the Front Desk of the Nina B. Hollis Wellness Center. Sessions are 60 minutes long and by appointment. Lesson package includes 4 lessons and 6 practice passes.

**Photos**

By signing this form you are authorizing photos to be taken of your swimming instruction for the sole purpose of FSC use (web page, school publications) **only**. Participants in photos will not be identified by any personal information.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration info:**

Current medical conditions/limitations that we should know about prior to beginning lessons: \_\_\_\_\_

**Current swimming comfort/ability: (please circle or explain)**

<b>True Beginner</b> (May be a little nervous around water)	<b>Some ability</b> I can move from place to place in water, but am not truly comfortable with my ability.	<b>Swimmer</b> I am comfortable. I can swim under and on top of the water. I can see where I am going, but want to refine my skill or learn a new stroke.	<b>Skilled/Competitive Swimmer</b> I can swim well. I want to refine my stroke to be faster/more efficient in the water, or are training for a competition and need workouts.
--	---	--	--

**Please tell us what you want to learn:** \_\_\_\_\_

**Please tell us when you are available:** \_\_\_\_\_

**HWC STAFF ONLY : Payment information**

**Total Fee:** \_\_\_\_\_

**Deposit:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**Paid:** \_\_\_\_\_

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

Method of Payment:

- Cash
- Check      Ck # \_\_\_\_\_
- MC     Visa

HWC Staff Member \_\_\_\_\_