

# SEVERNA PARK COMMUNITY CENTER

Gather. Play. Grow. Thrive.

To schedule private swim lessons, complete the form and return it to the front desk or submit to Carolyn at [channa@spcommunitycenter.org](mailto:channa@spcommunitycenter.org). Once received, an instructor will contact you within 72 hours to schedule your lesson(s).

## Private Swim Lesson Form

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

Participant's Name/Date of Birth: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Times: \_\_\_\_\_ Mornings \_\_\_\_\_ Daytime \_\_\_\_\_ Evenings

Preferred Day: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

What are you interested in learning? \_\_\_\_\_

### **Procedures:**

Private Swim Lessons must be purchased IN ADVANCE of your scheduled date through the front desk. You must check in with the front desk before each lesson.

### **Refunds & Cancellations:**

Refunds are not given. Credits for medical conditions are considered and are only valid 6 months from the issue date. Individual classes cancelled due to inclement weather or pool maintenance/repair will be rescheduled for private lessons. We ask that cancellations are given to the instructor 24 hours in advance. You will be charged for the lessons if proper notice is not given.

### **Lesson Scheduling:**

Both the instructor and person contracting the lessons must provide at least 24-hours' notice to cancel a previously scheduled lesson. Except for extenuating circumstances, the swim lesson participant, or family if a minor, will be charged for the lesson if proper notice is not given. Except for extenuating circumstance, the instructor must provide a makeup lesson plus one additional complimentary lesson with no charge to the participant if proper notice is not given.

I have read and understand the above information and will abide by the rules set forth. Any questions may be directed to the Aquatics and Fitness Administrative Coordinator at (410) 647-5843 ext. 302.

Parent/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_