



# PRIVATE SWIM LESSON

Fremont Indoor

## Request Form

Please fill out the information below. You or your child will be placed on a waiting list based on the date of completion on the request form. Private lessons are available during specific/request hours, based on instructor availability. Call the pool at (510) 790-SWIM (7946) for more information.

**Private Lessons (1 person/class)**

**Semi-Private Lessons (2 persons/class)**

Swimmer	Name (First and Last)	Sex	Birthday	Home Address
#1				
#2				
#3				
Parent Name		Home Phone	Daytime Phone cell / work	Email Address

### Day/Time Selection & Payment: ----- All Fields Required -----

Available Day/Days*	Preferred Schedule**	Private Lesson (1 person)
<input type="checkbox"/> Monday Time: _____ <input type="checkbox"/> Tuesday Time: _____ <input type="checkbox"/> Wednesday Time: _____ <input type="checkbox"/> Thursday Time: _____ <input type="checkbox"/> Friday Time: _____ <input type="checkbox"/> Saturday Time: _____ <input type="checkbox"/> Sunday Time: _____  Preferred Start Date: _____  Preferred Coach (optional): _____	Day/Days: _____  Time: _____  <div style="text-align: center; color: red; font-weight: bold;">Office Use Only</div> Date Received: _____ Received By: _____  Payment Type: <input type="checkbox"/> DBT <input type="checkbox"/> CHK# _____ <input type="checkbox"/> CSH  Amount Paid: _____	<input type="checkbox"/> \$270 (30min) x _____ = _____ <input type="checkbox"/> \$480 (1hour) x _____ = _____  <b>Semi-Private (price/person)</b> <input type="checkbox"/> \$150(30min) x _____ = _____ <input type="checkbox"/> \$250 (1hour) x _____ = _____  <b>Special Lesson w/ Coach Wang (per lesson)</b> <input type="checkbox"/> \$100 (1hour) x _____ = _____  <b>Total: \$</b> _____

\*Check the days and write in the time you are available to swim

\*\* Write in the day/days and time you prefer as your number 1 choice

Previous Swimming Experience: \_\_\_\_\_

What would you like to learn: \_\_\_\_\_

\_\_\_\_\_

Please return this form (including full payment) to CALPHIN:  
34075 Fremont Blvd, Fremont, CA 94555

By signing the form below, I certify the above information is correct and the swimmer is in good health to swim. I also confirm that we have received, understood, and will comply with all the safety rules and club policy (see website [www.Calphin.com](http://www.Calphin.com) for complete policy) established by Calphin Aquatic Club (formally known as California Dolphin Swim School). We understand and assume all incidental risks involved in swimming. In case of injury to the swimmer, we do hereby release, indemnify, hold harmless and waive all claims against the pool facility owners, management organizations, CAC, their officers and employees. I also certify that I have read, understood the foregoing message, and sign this form voluntarily.

  X    
\_\_\_\_\_  
Parent or Legal Guardian Signature

  X    
\_\_\_\_\_  
Date