

- Complete and Turn in Private Swim Lesson Request Form to Front Desk
- Calphin will arrange a coach and schedule then call you to confirm (allow two weeks for arranging schedule)
- Once the lessons have been scheduled customer must pay (at first lesson)

Current Swimmer/Customer     
  Past or Team Swimmer     
  Other from Team/School: \_\_\_\_\_  
 Private Lessons 1-on-1     
  Semi-Private Lessons 1-on-2     
  Semi-Private Lessons 1-on-3 or 4

Swimmer	Name (First and Last)	Sex	Age	Swim Level	Email Address
#1					
#2					
#3					
#4					
Paying Party Name		Home Phone	Daytime Phone		Billing Address
			cell / work		

**Day/Time Selection & Payment: ~~~~~ All Fields Required ~~~~~**

Available Days*	Preferred Schedule (Day/Time)**	Tuition***
<input type="checkbox"/> Monday (2-3p;8-9p) <input type="checkbox"/> Tuesday (1:30-3p;8-9p) <input type="checkbox"/> Wednesday (2-3p;8-9p) <input type="checkbox"/> Thursday (1:30-3p;8-9p) <input type="checkbox"/> Friday (2-3p;8-9p)  Preferred Start Date: _____  Preferred Coach (optional): _____ _____ _____	1st Choice:  2nd Choice:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>Office Use Only</b> </div> Form Rec'd on: _____ Rec'd by: _____  Payment: <input type="checkbox"/> Cash <input type="checkbox"/> CHK <input type="checkbox"/> Debit Ref # _____ Amt Pd: \$ _____  Rec'd on: ___ / ___ / ___ Rec'd by: _____	<b>Private Lesson Package (Six Lessons)</b> <input type="checkbox"/> \$270 (30min) x _____ (swimmers) = \$ _____ <input type="checkbox"/> \$480 (1hr) x _____ (swimmers) = \$ _____ <b>Semi-Private 1:2 Package (Six Lessons)</b> <input type="checkbox"/> \$324 (30min) x _____ (group) = _____ <input type="checkbox"/> \$540 (1hr) x _____ (group) = _____ <b>Semi-Private 1:3 (or 4) Package (Six Lessons)</b> <input type="checkbox"/> \$450 /1:3 or <input type="checkbox"/> \$552 /1:4 (30min) = \$ _____ <input type="checkbox"/> \$630 /1:3 or <input type="checkbox"/> \$720 /1:4 (1hr) = \$ _____ <b>Special Clinic w/ Head Coach Wang (pre-approved)</b> <input type="checkbox"/> \$70 /hd (30min) or <input type="checkbox"/> \$ _____ x _____ = \$ _____ <input type="checkbox"/> \$120 /hd (1hr) or <input type="checkbox"/> \$ _____ x _____ = \$ _____  <b>Total: \$ _____</b>

\*Check the days you are available for the lessons. \*\* Write in the day/days and time you prefer as your #1 choice and #2 choice.  
 \*\*\*Lessons are only offered on weekdays and packaged in a minimum of 6 lessons (more can be added if desired and available)

Previous Swimming Experience: \_\_\_\_\_  
 What would you like to learn: \_\_\_\_\_

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

**Club Policy:**

Our private lessons are available by appointment only upon request, depending on our pool and instructor availability. Upon submission of this request form, you will be placed on a waiting list. **Once schedules have been confirmed, payment is to be turned in on the first day of lessons. Reschedule request must be submitted in writing (email) & by phone 24hrs prior to the lesson time or a \$15 reschedule fee will be charged. Cancellation with refund for the remaining lessons after deducting a \$20 cancellation fee may be granted upon proof for illness/inability to attend remaining lessons.**

By signing the form below, I certify the above information is correct and the swimmer is in good health to swim in a chlorinated pool. I also confirm that we have received, understood, and will comply with all the safety rules and the club policy (see website [www.Calphin.com](http://www.Calphin.com) for the complete policy) established by Calphin Aquatic Club (CAC). We understand and assume all incidental risks involved in swimming and its facility. 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 Guardian or Swimmer Signatures Date