



Wellness Center

**Swim Lesson Intake Form**

Swim lesson participant name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Wellness Ctr Member \_\_\_\_\_ Non-member \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Preferred contact phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like information about joining The Wellness Center? (circle)      Yes      No

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any injuries, development, or joint limitations: \_\_\_\_\_

Has the participant ever had swim lessons before? (circle)    Y    N      When and where? \_\_\_\_\_

Is this a continuation of lessons? (circle)      Y      N

Preferred start date: \_\_\_\_\_

Instructor will do what he/she can do to accommodate lessons. Are there any guidelines about dates and times that should be noted? \_\_\_\_\_

Lessons Date/Time assigned:  
\_\_\_\_\_  
\_\_\_\_\_

<b>Office Use Only</b>			
Date received: _____	Paid? YES    NO		
Payment method: _____	Amount received: _____	Check #: _____	Payroll deduct: _____
Other payment info: _____	Staff name completing this form: _____		