



Swim Lesson Intake Form

Swim lesson participant name: _____ Today's Date: _____

Age: _____ Birth date: _____ Member Non-member

Parent/Guardian (if different from above): _____

Preferred contact phone number: _____

Email: _____

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

Swim Lesson Goals (please check all that apply):

- Swim stroke development
- Comfort with water
- Overall health
- Specific training
- Injury Prevention
- Other: _____

Additional comments:

Please list any injuries, development, or joint limitations: _____

Have you 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? _____

Office Use Only

Date received: _____ Paid? YES NO

Payment method: _____ Amount received: _____ Check #: _____ Payroll deduct: _____

Other payment info: _____ Staff name completing this form: _____