



## Private Swim Skill Development Lessons Request Form

Private or semi-private lessons are intended for swimmers who may be stuck in a level and only need a few lessons to focus on specific skill or require 1:1 instruction because they do not learn well in a group setting. You can apply for a maximum of four private lessons per season.

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

**Contact Information:**

Contact name \_\_\_\_\_ Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Participant Information:**

Participant name \_\_\_\_\_ Participant age \_\_\_\_\_

Have you ever taken swimming lessons? YES NO

If YES, what was your previous level? \_\_\_\_\_

Have you ever been involved in a water-related emergency? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you comfortable putting your face in the water without goggles? YES NO

Are you comfortable in deep water? (Water level over your shoulders) YES NO

Participant goals / what do you or your child want to learn during the private swim lesson

\_\_\_\_\_

**Location requested:**

- Gibsons District Aquatic Facility
- Pender Harbour Aquatic & Fitness Centre
- Sechelt Aquatic Centre

**Please check which reason best applies:**

- Swimmer needs a few lessons to focus on a specific skill so they can move to the next swim lesson level.
- Swimmer requires 1:1 instruction because they do not learn well in a group setting.
- Any other information you would like us to know: \_\_\_\_\_

Applications will be reviewed and lessons will only be arranged when we are able to provide the service.

The availability of private swim lessons is not guaranteed.

Swimmers are encouraged to register in regular swim lessons to continue their progress.



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## Best day of week for lesson:

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

## Best time of day for lesson:

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

## How can we best support you?

Physical or mobility support, including existing injuries or limitations \_\_\_\_\_

Learner-Style Accommodations: \_\_\_\_\_

## FOR OFFICE USE ONLY:

Received by \_\_\_\_\_

Date \_\_\_\_\_

Customer contacted Yes  No

Date \_\_\_\_\_ Time \_\_\_\_\_  
Result \_\_\_\_\_

ACTIVE Net setup Yes  No

Customer contacted and confirmed Yes  No   
Date \_\_\_\_\_

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