

DATE
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Rodale Aquatic Center

Private / Semi-Private Registration
FAX 610-740-3797

SCHEDULED CLASS

DAY: _____ TIME: _____
INSTRUCTOR: _____
START DATE: _____

*Private and semi-private lessons are scheduled according to pool and instructor availability.
Submission of this form does not guarantee a lesson as they are in high demand.*

Please call the front desk at 610-606-4670 to check on the status of your request.

Payment is due upon lesson confirmation.

Participant's Name: _____ **DOB:** _____

Participant's Name: _____ **DOB:** _____
(For Semi-Private *only*)

Parent/Guardian's Name: _____
(If participant is under age 18)

Best Contact number: _____ **Other Contact number:** _____

Email: _____

Times you are available for class:

Day(s): _____ From: _____ am/pm To: _____ am/pm
Day(s): _____ From: _____ am/pm To: _____ am/pm
Day(s): _____ From: _____ am/pm To: _____ am/pm

Instructor preference, if any: _____
**This does not guarantee you will be assigned the instructor requested.*

Swimming Ability and/or Goals: _____

** For Office Use Only **

Circle One: Confirmed Left Message **Date:** _____ **Staff Initials:** _____

Initials:
STAMP WHEN PAID