

Private/Semi-Private Lesson Request Sheet

Name of Participant(s): _____

Please circle what type of lesson and the duration you would like:

Private:

20 min \$35 M
30 min \$50 M / \$65 NM
45 min \$65 M / \$85 NM
60 min \$80 M / \$104 NM

Semi-Private (2):

30 min \$30 M / \$39 NM
45 min \$40 M / \$52 NM
60 min \$50 M / \$65 NM

Group (3):

30 min \$25 M / \$33 NM
45 min \$33 M / \$43 NM
60 min \$40 M / \$52 NM

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early morning	Late morning	Mid-day	Late afternoon	Evening		

Current Swim Abilities:

Any fears, medical conditions, traumatic experiences, etc. that we should be aware of?

What are your goals for these lessons?

Contact Information:

Phone number: _____ Email address: _____

Parent name (if applicable): _____ Member #: _____

It is expressly agreed that the use of all Scott Valley Swimming and Tennis Club facilities (including but not limited to tennis courts, swimming pools, spas, all buildings, outdoor areas, parking lots, locker rooms, etc.) without limitation and whether engaging in exercise or sporting activities or not, shall be undertaken by the participant at his/her sole risk. Scott Valley Swimming & Tennis Club shall not be liable for any injuries or damages to any member or non-member, or the property of any member or non-member, or be subject to any claim, demand, damages or causes of action arising out of the use of, or occurring on, the premises of Scott Valley Swimming & Tennis Club regardless of whether it was caused by the negligence of Scott Valley Swimming and Tennis Club, its board members, its employees or its agents. It is agreed that this waiver and release agreement applies to any and all incidents occurring on the Scott Valley Swimming and Tennis Club premises, including slip or trip and fall incidents, regardless of the cause. The Scott Valley Swimming and Tennis Club's facility includes all areas associated with the Club, including the parking lot and other outdoor areas.

Parent/Participant Signature: _____ Date: _____

Private/Semi-Private Lesson Request Sheet

Assigned Instructor: _____

Lesson Date: _____	Time: _____	Cash/Check#: _____	Total: _____
Lesson Date: _____	Time: _____	Cash/Check#: _____	Total: _____
Lesson Date: _____	Time: _____	Cash/Check#: _____	Total: _____
Lesson Date: _____	Time: _____	Cash/Check#: _____	Total: _____
Lesson Date: _____	Time: _____	Cash/Check#: _____	Total: _____
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Lesson Date: _____	Time: _____	Cash/Check#: _____	Total: _____
Lesson Date: _____	Time: _____	Cash/Check#: _____	Total: _____

Feedback:

Would you participate in SVSTC's lessons again? Y N

Did we help you meet you or your child's goals? Y N

Comments: _____

