



**DEPARTMENT OF THE AIR FORCE
673D FORCE SUPPORT SQUADRON
JOINT BASE ELMENDORF-RICHARDSON, ALASKA**

**Cost is \$25 per half hour of instruction for one student or \$35 for 45 minutes of instruction for 2 students. Payment for all scheduled lessons is due in full by the date of the first class.*

The **Private Swim Lesson Program** teaches confidence and skills in a one-on-one (or two-on-one) setting that individuals need to be safe and successful in the water. Students are taken on a first come-first served basis, and will be paired with an instructor based on the information provided below. Please note that enrollment into private lessons is based on instructor availability. **The request of specific instructors is not guaranteed.** In order to offer the best service to our customers evaluation of participant(s) by a Swim Instructor may be required as part of the consideration process.

Tardiness/Cancelation Policy:

Class days/times are arranged by appointment only; instructional time lost due to student tardiness will not be made up. Tardiness of 15 minutes or more will result in the cancelation of the scheduled class without refund/make-up. Cancellations of scheduled appointments must be made at least 24 hours in advance; customers will be charged a no-show fee of the above rates for cancellations made with less than 24 hour notice. *If habitual cancellations are made (even within the 24 hour grace period) lessons will be discontinued.*

Please print legibly. Parents will be contacted via email.

Please turn completed forms to Buckner's Fitness Pool office, or email to: 673FSS.FSVS.BucknerAquatics@gmail.com

Participant #1: _____ Age _____ Gender: _____

Swim Level/Current swimming ability (if known): _____

If this student has any special considerations/needs please list them **in detail:** _____

Preferred Day /Time: _____

Participant #2: _____ Age _____ Gender: _____

Swim Level/Current swimming ability (if known): _____

If this student has any special considerations/needs please list them **in detail:** _____

Preferred Day/Time: _____

Do you have a preference on the gender of your Swim Instructor? M F No Preference

How many times a week & how many classes would you like to start off with?

Parent/Guardian Name: _____

Primary Phone #: _____ **Secondary Phone #:** _____

Email Address: _____

This area to be filled out by Aquatic Staff

Staff who received form from customer: _____

Date Received: _____

Additional Notes:

