



# Bolivar Aqua Zone

1710 W. Broadway Bolivar, Mo. 65613 417-777-1215 [scheney@bolivar.mo.us](mailto:scheney@bolivar.mo.us)

## PRIVATE SWIM LESSONS

Participant's Name: Age:

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Please give us an idea of the participant's swimming ability:

Anything specific you feel the instructor should know or you would like included in the lesson?

Best days/times to schedule the lessons?

Parent/Guardian Name: Phone:

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Please choose an option with an X in the box:	\$75 includes six 30 minute lessons, one participant with the instructor at a time.	\$75/person	\$55 includes six 30 minute lessons, two participants with the instructor at the same time. <b>Participants must be at the same swimming level.</b>	\$55/person
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**Please read this form carefully** and be aware that in registering yourself or your minor child for participation in the program, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the program. I recognize and acknowledge that there are certain risks of physical injury to participants in this program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity. I hereby hold the City of Bolivar and all its employees harmless for any injury, damages or loss resulting in my or my child's participation in any aquatic activity. All parents/guardians **must** remain present in the facility at all times during the scheduled private swim lesson.

Parent/Guardian Signature: Date:

Staff Initials: Date:  
Amount Paid: Payment Type:

Do not write below this line. For office/instructor use only.

Instructor assigned to this lesson:

**IMPORTANT:** Instructors **must** date the boxes below each time they finish a lesson.

Lesson Tracker:	1	2	3	4	5	6
Date each box after lesson						

