

# AQUATICS

## INDIVIDUAL LESSON PRICING

SportsPlex offers private, semi-private and private groups of 3 or 4 lessons for children and adults that prefer personalized swim instructions.

Benefits of individual instructions is the convenience of scheduling a set time and day for your busy schedule.

Happy to help meet your needs of personal goals and work with all skill and ability levels.



### PRIVATE

1 STUDENT TO 1 INSTRUCTOR FOR 30 MINUTES

MEMBERS: \$60

NON-MEMBERS: \$75

### SEMI-PRIVATE

2 STUDENTS TO 1 INSTRUCTOR FOR 30 MINUTES  
SWIMMER FINDS PAIR, SIMILAR SWIM LEVEL

MEMBERS: \$30/PERSON

NON-MEMBERS: \$38/PERSON

### PRIVATE GROUP OF 3 OR 4

3 OR 4 STUDENTS TO 1 INSTRUCTOR FOR 30 MINUTES  
SWIMMER MAKES GROUP, SIMILAR SWIM LEVEL

MEMBERS: \$15/PERSON

NON-MEMBERS: \$19/PERSON

### SCHEDULING AND MORE INFORMATION

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AQUATICS@SPORTSPLEX-NW.COM  
(845)522-3088



# REGISTRATION

## PRIVATES

SWIMMER FIRST & LAST NAME: \_\_\_\_\_  
SWIMMER DOB: \_\_\_\_\_  
PARENT FIRST & LAST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CELL PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
CREDIT CARD #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

## SEMI-PRIVATES

SWIMMER #1 INFO:
SWIMMER FULL NAME: _____
SWIMMER DOB: _____
PARENT FULL NAME: _____
ADDRESS: _____
CELL PHONE #: _____
E-MAIL: _____
CREDIT CARD #: _____
EXP DATE: _____

SWIMMER #2 INFO:
SWIMMER FULL NAME: _____
SWIMMER DOB: _____
PARENT FULL NAME: _____
ADDRESS: _____
CELL PHONE #: _____
E-MAIL: _____
CREDIT CARD #: _____
EXP DATE: _____

## GROUP OF 3 OR 4

SWIMMER #1 INFO:
SWIMMER FULL NAME: _____
SWIMMER DOB: _____
PARENT FULL NAME: _____
ADDRESS: _____
CELL PHONE #: _____
E-MAIL: _____
CREDIT CARD #: _____
EXP DATE: _____

SWIMMER #2 INFO:
SWIMMER FULL NAME: _____
SWIMMER DOB: _____
PARENT FULL NAME: _____
ADDRESS: _____
CELL PHONE #: _____
E-MAIL: _____
CREDIT CARD #: _____
EXP DATE: _____

SWIMMER #3 INFO:
SWIMMER FULL NAME: _____
SWIMMER DOB: _____
PARENT FULL NAME: _____
ADDRESS: _____
CELL PHONE #: _____
E-MAIL: _____
CREDIT CARD #: _____
EXP DATE: _____

SWIMMER #4 INFO:
SWIMMER FULL NAME: _____
SWIMMER DOB: _____
PARENT FULL NAME: _____
ADDRESS: _____
CELL PHONE #: _____
E-MAIL: _____
CREDIT CARD #: _____
EXP DATE: _____

## SWIMMER AGREEMENT

### UPON SIGNING THIS AGREEMENT:

CHARGE WILL BE DRAFTED THE DAY BEFORE EACH LESSON DAY. NO-SHOW, CANCELLATIONS AFTER CONFIRMING OF LESSONS WILL BE CHARGED IN FULL AND FORFEIT OF LESSON. TARDY APPOINTMENTS WILL BE ADJUSTED AND PRORATED TO THE TIME LEFT, INSTRUCTOR WILL WAIT 15 MINUTES FROM TIME OF START, AND LESSONS WILL BE CHARGED IN FULL WITH THE FORFEIT OF LESSON. MISSING MORE THEN 3 CONSTITUTIVE WEEKS OF LESSONS WILL RESULT IN FORFEIT OF YOUR DAY AND TIME SLOT. THERE IS NO REFUNDS OR CREDITS.

CANCELLATIONS MAY OCCUR FOR INCLEMENT WEATHER.

DOCTORS NOTE WILL NEED TO BE PROVIDED FOR ANY LAST MINUTE CANCELLATION DUE TO ILLNESS/SICKNESS.

SEMI-PRIVATE, GROUP OF 3 OR 4 SWIMMER ARE AGREEING TO: MISSED LESSONS DUE TO THE ABSENTS, TARDY, OR ILLNESS WILL BE CHARGED IN FULL AND FORFEIT OF LESSON IF OTHER PARTY SHOWS. NON-MEMBERS; THE POOL IS AVAILABLE FOR THE 30 MINUTE LESSON TIME ONLY. YOU GIVE SPORTSPLEX THE RIGHTS AND PERMISSION TO USE ALL PHOTOS THAT ARE TAKEN FOR ADVISEMENT AND CONTINUING EDUCATION PURPOSE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_